MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY after Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page: event, within 72 hours at C. LENGTH OF STAY IN 1b hours tenn Dale (rural) 8 mos. 24 dy d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Glenn Dale (rural) 24 dys Washington d. STREET ADDRESS 6. IS RESIDENCE DN A FARM? Glenn Dale Hospital YES NDL 1023 Kenyon St. and completely remove carbon p executed within 3. NAME DE First Middle Last 4. DATE Year Month DECEASED (Type or print) DEATH 19 66 Eva Acev Feb. 6. COLOR DR RACE 7. MARRIED X NEVER MARRIED 5. SEX AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. DATE OF BIRTH 9. last birthday) Months any WIDOWED DIVORCED [4/17/1928 Female. Negro yrs. E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY and COUNTRY? Maid Motel Virginia
14. MOTHER'S MAIDEN NAME IISA certificate removal, 13. FATHER'S NAME attending pre-Warren Dunn Nannie Combs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or death (Yes, no, or unknwn) | (If yes give war or dates of service) 231-320-5146(1) Decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: PLANT | DEATH WAS CAUSED BY: PLANT | LUNG INTERVAL BETWEEN The law requires that the I hour physician. IMMEDIATE CAUSE (a) Aspiration of mucous with bronchial DUE TO Conditions, If any, which obstruction day gave rise to immediate attending p Left pneumonectomy (Feb. 17, 1966) for pulmonary DUE TO cause (a), stating the prior (diagnostic onset. Feb., 1965 tuberculosis underlying cause last. has 88 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p r this certificate h detached for use te Dept. of Health PERFORMED? CERTIFICAT the hospital or YES X ND F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be dilled with the State ø Hour a.m. While Not While at work at work p.m. retained 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from June 4 to Feb. saw the deceased alive on Feb. 19 66 , and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22h. DATE SIGNED TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 should be filed v be B ATTENDING DIRECTOR PHYS. PHYS. Feb. 28, 1966. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital Moe Weiss, M. D. Glenn Dale, Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, Agwin or county) (State) REMOVAL (Specify) PONERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 20M 1/65

Prince Gen: .g 4 10 4 minute a literatura All of the dropest of the 2-1-10 0-0-1 ------*____ As are one with been a much, will be Ago, Sty Line Lagrance - fee amelia All an applied exeand the state of t Mary Mary Mary Mary Company of the Mary Company of the Company of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has be no signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a second within 72 hours after deals.

VR A15 (4)

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		MARYLAND S'	TATE DEPAR	TMENT OF	HEALTH		
DIVISION OF S	TATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE	1. MARYLAND
02656		CERT	TIFICATE O	E DEATH	·		026
04000		OLIV	III IONIL U	LPLAIN			UWU

1.	PLACE OF DEATH	Н			2. USUAL RESIDENCE	(Where deceased lived, If institution: I	Residence before admission)
		Prince G		MARYLANO	a. STATE Maryl	and Prince	Georges
	b. CITY OR TOW	N (if outside corpora and give nearest to	ate limits,	C. LENCTH OF STAY IN 16	c. CITY DR TOWN (If o	putside corporate limits, write RURAL	and give nearest town)
N		Cheverly		21 hrs	Bowie		16-1
1	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in h	ospital, give street address)	d. STREET ADDRESS	- 8	e. IS RESIDENCE ON A FARM?
7	Prince G	Georges Gen	eral Ho	spital	2803	Bosworth Lane	YES NO
3.	NAME OF DECEASED	F	irst	Middle	Last	4. DATE Month	Oay Year
	(Type or print)	Bab		Boy	Allen	OEATH Feb.,]	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	B. OATE OF BIRTH	9. ACE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
	ale	White	WIDDWED	OIVORCED	13 Feb., 196		21
10a dur	. USUAL DCCUPAT	IDN (Give kind of work	done 10b. K	IND DF BUSINESS OR		inty & State, or foreign country) 12. C	ITIZEN OF WHAT
					Maryland		
13.	FATHER'S NAM	E			14. MOTHER'S MAIDE	N NAME	
	Robert	Edward All	en		Charlotte	Ann Hall	
15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED F (If yes give war or dates	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	18. CAUSE OF	DEATH [Enter only or	ne cause per l	ine for (a), (b), and (c).]		, ,	INTERVAL BETWEEN
	PART 1, OF	ATH WAS CAUSED BY		lateral	Ateleca	tasis	ONSET AND DEATH
	7623	OUE		1001	11 1 6 1 6 6 6	4.21 2	
	Cenditions, If		(h) 17	warmen for my	Ly		
	gave rise to						
	cause (a), si underlying caus	ments me	E TO (a)	/			
NO			(c) IDNS CONTRIBU	TINC TO DEATH BUT NOTRELA	TED TO THE TERMINAL OF	SEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT							PERFORMED?
E	20a. ACCIDENT	WAS UNDERLYING] 20b. [DESCRIBE HOW INJURY OCCU	RREO, (Enter nature of I	injury in Part I or Part II of Item 18	ALDI L
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEA	ATH INER)	75-201			
		INJURY Month, Day,	- 1	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or town) (Cou	inty) (State)
EDICAL	Hour a.r	n.	While	Not While factor	ry, street, office bldg., etc	c.)	
Σ	91 1 nortif			-	irth 19	to Feb. 143, 196	6 that (I) (wa) last
		ceased alive on	Eeb. 1/3	da cue described unique		OOM from the causes and on t	
	22a. SICNALUI		1	15 99 and that	death occurred ato		ATE SIGNEO
	10	arry X.0	SUM	ry mo. M.O	ATTENOING M	IEO. STAFF 2/15	
	22c. PHYSICIA	N'S		11	22d. AODRESS		
İ	NAME (T)	(pe) Barr	y Rosen	Werg, M.D.	6501 Lanod	ver Road, Cheverly	, Md.
23a	BURIAL, CREM REMOVAL (Spi	IATION, 23b. DATE	THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	REMOVAL (Spi		6/66	Prince Geo.	Gen .	Cheverly, Marylan	
24.	CAURERAL SHE		1	ADDRESS		D BY RECISTRAR 25b. REGISTRAR	
		1 lelea	MU.	al-anher	DATE	26/16/	
W		- PRINCIPLE IN	5515T.	Ham Work	MAR	2 1966 Mount	and ge

second model to being a epper mater error and is virginially Paines General Teneral Committal - N.S. Contested for hear and the feedure of teach there exceedings that a selection of the problems went The second second second The second

X	100	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
E RVE	1	UZ657 CERTIFICATE OF DEATH	623
Ver ear	1.	PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY	hefore admissi
Te Te	1	PRINCE GEORGES MARYLAND B. COUNTY PRINCE	seorge
rs after by the Pages 1 urs after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give	
hours d in b rs. Pa		HVATTSVILLE 28 days 10 Koma Park	6-1
. 00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	IS RESIDEN
H Pap H	1		ES NO
executed within	3,	DECERSED	Year
d w mpl car car	_	(Type or print) ANNIE VIRGINIA Anderson DEATH tebruary 23	1966
co co	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR last birthday) Months Oays	Hours Mi
exe exe	10	WIDOWED X OIVORCED 1-11-88 78 yrs.	TAULT
e de e	du	0.0. USUAL DCCUPATION (Give kind of workdone in 10b. KINO OF BUSINESS OR in 11b. BIRTHPLACE (County & State, or foreign country) in 12b. CITIZEN (COUNTRY) in 10b. KINO OF BUSINESS OR in 15b. BIRTHPLACE (County & State, or foreign country) in 12b. CITIZEN (COUNTRY)	SA
ate hysi ple	13	I3. FATHER'S NAME	
certificate nding phys . Then ple r removal, a	T	Unobtainable WOOD CHRISTINE(unobt	ainab
ret Tret	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	-
death ne afte permit	0	Yes, no, or unknown) (If yes give war or dates of service) 579-60-4536/ Son 7800 LOCKNEY AUE	IAKON
t the		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Ernest E. Anderson	VAL BETWEE
ansi ansi		PART I. DEATH WAS CAUSED BY: CAR DIO - RES PIRAT DRY ARREST	ANO UEATI
tha sicis		/5 3 DUE TO	
Physical Phy		Conditions, If any, which) (b) METASTATIC ADENO CARCINOMA	YEAR
requirements been so the lor to		gave rise to immediate cause (a), stating the underlying cause last. Out TO Carci Nome of Siemero Couse (c)	5 mon
atte atte	10 NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPS
eaff cate	SA	YE:	
spita spita ertifi ed fo	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
YSIC is to bept			(State)
NG PH by the fter the be del	MEDICAL		(33.33)
De A Pier		21. I certify that (I) (this hospital) attended the deceased from Jan , 1965, to FES , 1966, th	
事 号 智 電		saw the deceased alive on FEG 16 19 66, and that death occurred a 150AM, from the causes and on the date	
DR be r		22a. SIGNATURE / LOS OATE SIGNATURE / DIRECTOR PHYS. 22b. OATE SIGNATURE / DIRECTOR PHYS. 22b. OATE SIGNATURE / DIRECTOR PHYS. 1/23	66
AR Dag		22c. PHYSICIAN'S 22d. ADDRESS	
HOSPITAL age 4 may FUNERAL rector, pa		NAME (TYPO) HARRY ZEHNER JE 1835 EYE ST N.W WASH	D.C.
Page Page D FUN direct	23	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
5g 5 28		Burial 2/26/66 Ft. Lincoln Cemetery Frince Georges Co	
0	2	24. FUNERAL DIRECTOR Washington, D.C. 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNAL	
VR A15 (4)	X	17 1 0 2901 14st Not, of B 28 1956 (Charley Su	ege:

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02658

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

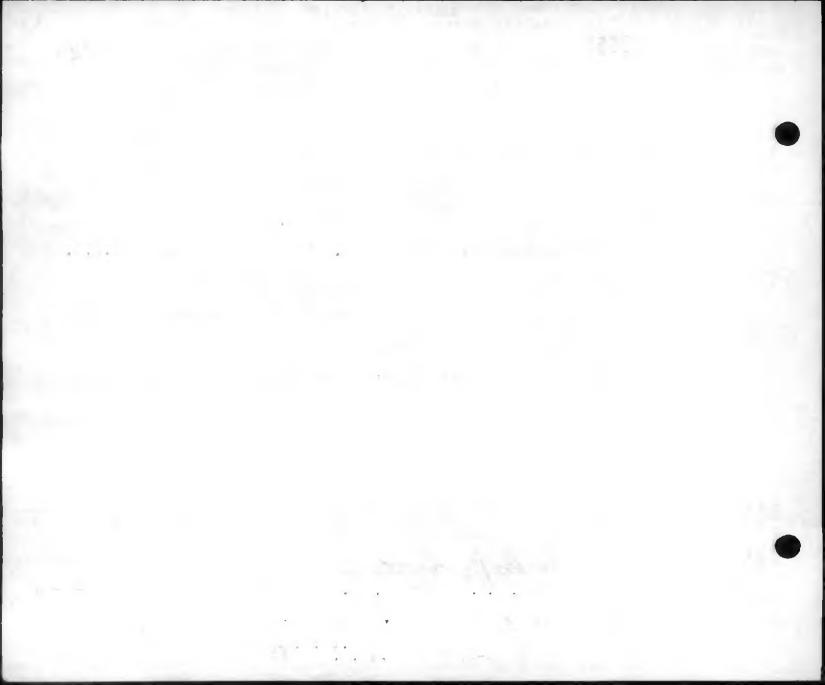
02625

0700	V INCO	TEAL EXAMINER 5	CENTIFICATE OF	DEATH	116041
PLACE OF DEATH				here deceased lived, if institution: Re	sidence before odmission)
o. COUNTY	rince George's	MARYLAND	o. STATE	b. COUNTY	V
	(If outside corporate limits,	C LENGTH OF STAY IN 16	Michigan	side corporate limits, write RURAL and	ove perest town)
	and give neorest town)	C CONSTITUTION IN TO	L. CITT OK TOWN (II OUI:	side torporore minis, wine kokat one	I disa nagrazi rowii)
Chever		DOA	Ocqueoc		59-5
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince G	eorge General Hos	oital	Huron Beach	n	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	John I	Richard And	derson	DEATH 2	17 19 66
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		IDER I YEAR IF UNDER 24 HRS.
Male	White WIDOWED	DIVORCED	17 Sept. 189		ths Doys Hours Min.
10o. USUAL OCCUPATIO	N (Give kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	2. CITIZEN OF WHAT
during most of working	of ife, even if retired) F MACHINE SHOP	PRODUCTS CO	CONTRACTO	MICHIGAN	U.S.A.
13. FATHER'S NAME	F PACHINE SHOP	LUODOCID CC	14. MOTHER'S MAIDEN N.		U.D.A.
	NDERSON				
		special electronical trop. I am	LENA J		
	TER IN U.S. ARMED FORCES? ((If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17.	INFORMAN (SON)	Address	
		RI	CHARD ANDE	RSON-OCQUEOC.	MICHIGAN
	DEATH (Enter only one couse per line for	(o), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hea:	rt failure			ONSET AND DEATH
4200					
Conditions, if on	111	eriosclerotic	hoomb Jisons		4 months
rise to immedia	te couse (o), (pur ro	and Decreased Line	dearn, otseasi	Lab.	14 Bontas
stoting the und	erlying couse				
lost.) (c)				Tra mar mar mar
PART II. OTHER S 200. EXTERNAL C PRIMARY OF CO	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20o. EXTERNAL C	AllSE WAS 2015 DI	SCRIBE HOW INJURY OCCURRED.	(Fotor noture of injury in Pr	art Lor Port II of item 181	1 10 10 10
PRIMARY or CO		JORIGE HOTE HIJORY OCCURRED.	(Line) holdre of injery in the	on ron non ment ra.,	
S 200 TIME OF IN	JURY Month, Doy, Yeor 20d. 1	NJURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (Stote)
20c. TIME OF IND. Hour b.	m. White	Not While for	tory, street, office bldg., etc.)	ZOI. (City of town)	(county) (store)
p.	m. 19 otwor fy that I taak charge of the rer		old an Autoney	Inspection [X], Inquiry	and in my apinian
death resul	_		tide , Hamicide	Undetermined manner	
G GG III 105G	1 // 11	a, Addin L., Son	CHIEF MEDICAL E	Personal (
ACTUAL	(Inta A	1 -	ASSESSED AND ADDRESS	CAL EXAMINER	22. DATE SIGNED
SIGNATURE	7777	21-1-1	m.D.		
EXAMINER'S NAME (Type)	John Vehoe, M.D.	Riverdale, Md	 DEPUTY MEDICAL Address (Street, 	city, town, or county)	2-18-66
230. BURIAL, CREMATI		23t. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
BURTAT	y / 2/21/1966	LAKEVIEW C	EMETERY	LUDINGTON, M	MICHIGAN
24. FUNERAL DIRECT	OR William m. Hyper		D. C. 250. REC'D	BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE
	FUNERAL HOME 13	OD N ST., N.	W. LEB	21 1956 Jelian	les Judge

FOR STATE TO DEPUTY MECKAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is an necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Department of Health ar its designated agent, priar to burial, crematian, ar remayal, and in any everywhich 72 hours after death.

> VR A15ME (5) 6M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. TO HOSEITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02659
CERTIFICATE OF DEATH

		175040
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Prince George's MARYLAND	a. STATE Maryland b. COUNTY Prince George!
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cheverly 73 days	Seat Pleasant
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Prince George's General Hospital	7007 D Street YES NOW
3.	NAME DF First Middle	Last 4. DATE Month Day Year
	OECEASED (Type or print) Virginia L.	Arnold DFATH February 26, 1966
5.		R DATE OF BIRTH 19 AGE (IN YEAR LETINGER 1 YEAR RELINDER 24 HRS.
	Female White WIDOWED DIVORCED	8/21/93 last birthday) Months Days Mours Min.
10	B. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
Gui	Housewife Home	Washington, D. C. COUNTRY? U.S.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Samuel Clarke	Margaret Clarey
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address
(Yı	es, no, or unknown) (If yes give war or dates of service) Jai	mes M. Arnold 7007 D Street
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) OT CALL	
	Cenditions, If any, which }	
	gave rise to Immediate (
	cause (a), stating the DUE TO underlying cause last.	
NO	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY
AT		12/23/65 PERFORMED?
FIC	Post-operative resection of sigmoid co	Plon; end to end anastamosis YES NO NORTH NEED. (Enter nature of injury in Part I or Part II of Item 18.)
CERTIFICAT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter notate of injury in Port 1 of Part II of Item 10.)
MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
KED	Hour a.m. While Not While p.m. 19 at work at work	7, succe, ville blug, etc.)
	21. I certify that (I) (this hospital) attended the deceased from De	c. 15, 1965, to Feb / 26, 1966, that (I) (we) last
		death occurred at 8:20M, from the causes and on the date stated above.
	22a. SICNATURE	22b. DATE SICNED
	Id. I Dannay M.D.	ATTENDING MED. PHYS. 2/26/66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Amir S. Banisadr, M.D.	6323 Landover Rd, Cheverly, Md.
238	DEMOVAL (Chapter)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 3-1-00 Cedar Hill Ce	
24	1 1 4 4	itland 110 0 4000 25b. REGISTRAR'S SIGNATURE
	Ma.	ryland DANIAR 3 1968 fclienter Judge
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VR AI5 (4) 20M 1/65 Line French

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de ian and completely filled in by the funeral se remove carbon papers. Pages 1 and 2 in any event, within 72 hours after deals. THE PREFIXE OF EXPENSING PRYSHIAN: THE New requires that the death certificate he exampted within 24 hours after death.

Page 4 may be retained by the huspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. They should be filed with the State Dept. of Health prior to burial, cramation, or remodents.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_ 04000	CERTIFICATI	E UF DEATH		0.2527
1. PLACE OF DEATH	-	2. USUAL RESIDENCE (When	e deceased lived, If institution	: Residence before admission)
The Contract		a. STATE mil and	b. COUNTY	inga anna
	MARYLAND	4 4 3 3 3 4	1 1	16
b. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RUF	RAL and give nearest town)
write RUAL and give nearest town)	2 Days	Yul* Jane		1 /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	oltal, give street address)	d. STREET ADDRESS		9. IS RESIDENCE
The same in the same of the sa	3 1	1 C Fond 'V	illa li'chi	ON A FARM?
S to the HT the contract	4	1 2 1 21 1 2 3	1 76 (1() '1	WILLIAM NO X
3. NAME OF First	Middle	. 01	TE Month	Day Year
(Type or print)	r		ATH	8 19 00
5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED 1	B. DATE OF BIRTH	9. AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS.
e hita WIDOWED	1 DIVORCED	0-+ 37 7000	dest birthday) Month	s Days Hours Min.
	D OF BUSINESS OR	Oct.31,1900	OJ yrs.	OITIZEN OF WILLY
during most of working life, even if retired) IND		11. BIRTHPLACE (County & S	cate, or roreign country) 12.	CITIZEN OF WHAT COUNTRY?
Emplyd Liquor Salesman	USTRY Liquor	Pennsylvai	nia	U. S. A.
13. FATHER'S NAME	13-001-0	14. MOTHER'S MAIDEN NAM		
Arthur Lemuel Arvin		Elizabeth B	Tuencole	
	OCIAL SECURITY NO. 1 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)				
Unknown	Εv	elyn Arvin-S	ame As Item	#2.
18. CAUSE OF DEATH [Enter only one cause passine	for (a), (b), and (c).]	/	*	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	- brilling 1x	earl tails	20	ONSET AND DEATH
IMMEDIATE CAUSE (a)	remaine .	7	Con Carrows	T 71
DUE TO O	1 500 7	() /a	a ala Dros	
Conditions, If any, which (b)	is carrie	- Carper	, , , , , , , , , , , , , , , , , , , ,	24
gave rise to Immediate cause (a), stating the	, 50 /	elet		
underlying cause last. (c)	deals 1	2 Cherco		
	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI				PERFORMED?
				YES NO
ZOa. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury I	n Part I or Part II of Item	18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	URY OCCURRED 120e, PLAC		f. (City or town)	County) (State)
	fantas	ry, street, office bldg., etc.)		
E p.m. 19 at work	Not While at work			
21. I certify that (I) fthis hospital) attended	the deceased from E.O.	b 6 , 1955,	to - 5 1 8 19	
saw the deceased alive on	19 and that	death occurred at S . A M	From the causes and or	
22a. SIGNATURE	- I all a client			DATE SIGNED
Lean XI la	~ /	ATTENDING MED.	STAFF 2	2/9/66
22c. PHYSICIAN'S	M.D.	PHYS. DIRECTO	R L PHYS. L -	., , , , , ,
NAME (Twiel	M D		Dil. Di .	. **
Benjamin S. Pecs		7028 Marlboro		
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or	county) (State)
Burial 2/11/66	Cedar Hil	1 Cemetery	Suitland	Md -
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY R	EGISTRAR 25b. REGISTR	AR'S SIGNATURE
Ritchie Bros. Upper Mar	lboro. Md.	FED 4.7	1966 Ochan	D. D. 1.5
HE COLLEG DI OPE OPPOL LIST	200109 1148	DATEEB 17	1966 Jalian	les judge

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VR AI5 (4) 20M 1/65

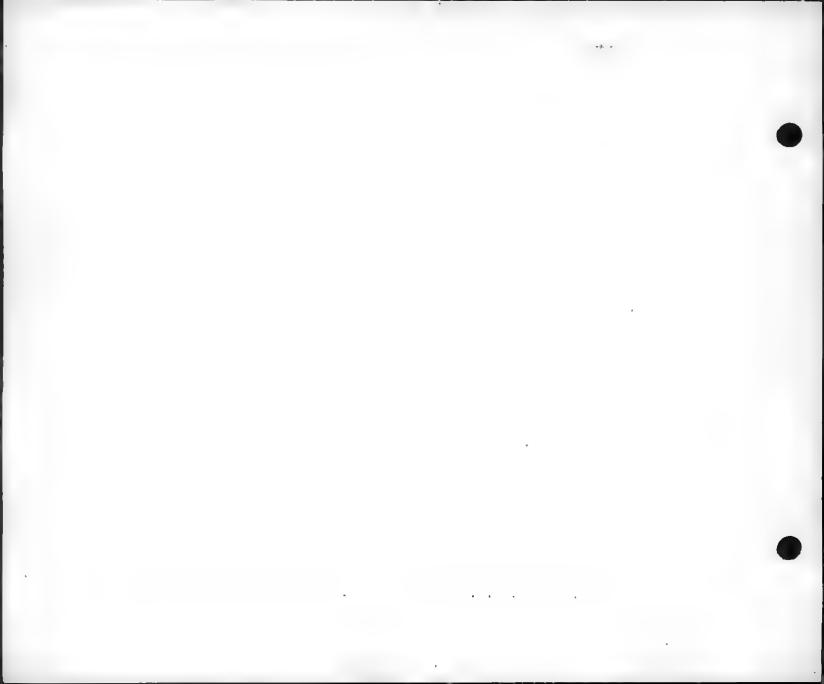
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02661 CERTIFICATE OF DEATH

1.	PLACE DE DEATE	l			2. USUAL RESIDE	YCE (Where deceased the	red, It Insti	tution: Resider	nce before admission)
	a. COUNTY	Prince Ge	orge		n. STATE	arvland	b. COUNT	Pr	Geo.
	b. CITY OR TOW	N (If outside corpora and give nearest to		MARYLAND 1 c. LENGTH OF STAY IN 1		If outside corporate i	Imits, write		
			vn)		1	· ·	,		,
-	d. NAME OF HOS	TTY	ON (if not to b	ospital, give street addres	d. STREET ADDRES	t Heights,		r .	e. IS RESIDENCE
	_				- 11				ON A FARM?
		e George G				th Pl., SE			YES NO
3.	NAME OF DECEASED	•	Irst	Middle	Last	4. DATE	Month	Da	
	(Type or print)	JO		I.	BALL	DEATH F	ebrua		th 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (UNDER 1 YEA	AR IF UNDER 24 HRS.
Ţ,	iale	White	WIDOWED	DIVORCED	Sept. 13-1	909 56	yrs.	onus Days	E BOOKS MILL
108	USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b. K	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County & State, or forei	n country)	12. CITIZE	N OF WHAT
1 441	Service		langger	ואוכטעמ	Marv1	and		COURT	USA
13.	FATHER'S NAM		1014501		14. MOTHER'S MA			1	COA
	Ge	orge F.	Ball		Sara	h V. Huro	lle.		
15	. WAS DECEASED I	VER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITYNO. 1	7. INFORMANT		Address		
(Ye	s, ne, or unkown)	(If yes give war or dates	of service)	T.F.	argaret H. E	Garost Grano	rs It	am 460	
		FATH (Enter only or	a cauca par l	ing for (a), (b), and (c).]	argarec ii. v	avela Sime	, 8 7 (11	TERVAL BETWEEN
Н		ATH WAS CAUSED BY		the for (a), (b), and (c).1	9 00			O	NSET AND DEATH
П	3 04	IMMEDIATE CAUSE	(a)	(Ruca)	care	ILE-ET			Moura
П		DUE	TO /	A 1 .	660	/		13	wit.
	Conditions, If a		(b).	ureinem	a of e	ung			months
	cause (a), st		TO			1			
-	underlying caus		(c)						
101	PART II, OTHER S	IGN IFICANT CONDITI	ONSCONTRIBL	UTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PA	ART 1(a) 19	PERFORMED?
S								,	YES NO
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of injury in Part I or	Part II of	Item 18.)	
133	(IF EITHER, NOT	NG CAUSE OF DEATHY MEDICAL EXAMI	NER)						
SAL	20c. TIME OF	NJURY Month, Day,	Year 20d.	NJURY OCCURRED 20e. F	PLACE OF INJURY (Home,	farm, 20f. (City or	town)	(County)	(State)
MEDICAL	Hour a.m		While at wor	MOT WHITE -	ctory, street, office bldg.,	etc.)			
2	p.n	-			4.7.	1966, to 2-	100	10/./	that (I) (we) last
Ш			pricen) attenu	ed the deceased from_					
	22a. SIGNATUR	eased alive on		<u> </u>	hat death occurred at	te trial tion the		22b. DATE S	
	ZZd. SIMINIO	The maring	7-11/16	duy	M.D. PHYS.	MED STA	FF		7-1966
	22c. PHYSTCIA	Are	ب معرب		M.D. PHYS.	DIRECTOR PHY	s. L		rvland
	NAME (Ty		noe II	Cleary		mak Assa	0 TI		
Por	ÓUQUE ADELL			- M		unch Ave.			
23a	REMOVAL (Soe	ATION, 23b. DATE		23c. NAME OF CEMET		23d. LOCATION		• • • • • • • • • • • • • • • • • • • •	, ,
2.5	. EUNERAL DIRE	T Lep. 71		Cedar Hill	Uemetery	Suitlar EC'D BY REGISTRAR	ld, K	larylan	d CMATURE
	(Demin	con larco.					0		
S	Hadons B:	ros. 1661-0	lood Ho	pe RD SE Was	h DC DATE	B 2.1 1966	yr.a.	mey	udge.
							17	- 1/	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA	TE	/	92562		MEDI	CAL EXAMI	NER'S	CERTIFICATE	OF DEATH	{	12629	
EALTH D	EPT.		PLACE OF DEATH o. COUNTY					o. STATE	(Where deceased live	d, if institution R b. COUNTY	esidence before	odmissian)
ay Is 3 ta Page	tof		Princ	e George's			RYLAND	New York				
aeloy and 3 13. Po	Department af rs after death.		b CITY OR TOWN (1	f outside corporate limit	ts,	C LENGTH OF STAY	W 1b	CEITY OR TOWN (f	outside carparate lim	ts, write RURAL ai	nd give nearest !	awn)
5 5 5	타		Hvattsvi	l give nearest tawn)				Bronxvi	110		10	
2, and PM3. F	partm after	- 1-		AL OR INSTITUTION (If n	int n haspital aix	re street oddress)		d STREET ADDRESS			8	IS RESIDENCE
	- 5 G			· ·	at it respires, give						No.	ON A FARM?
for Sec	ate De hours	^ _		cer Drive				29 Hererf	Cord Road			NO E
6 p 主 3	72		NAME OF DECEASED	F	rst	M dd e		Last	4 DATE OF	Manth	Day	Уваг
. ≥ e d	<u> </u>		(Type or print)	Davi	d		E	Barry	DEATH	2	2	19 66
	with th		SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE	D X	B DATE OF BIRTH				F UNDER 24 HRS
9 00 0			Male	White	WIDOWED [DIVORCE	ED 🗍	26 May 196	3 2	birthday) Moi	nths Days	Hours Min
Iterras 1	pages land2 n any event	-		(Give kind of work dane	IOD K N	D OF BUSINESS OR			ite ar fareign cauntry)		12 C TIZEN OF V	TAHV
) a	(uring most of working l		INDI	USTRY		14/ACCUST	GTON, D.	0	COUNTRY?	2
in er's	ges l any		I3 FATHER S NAME	<u> </u>				14 MOTHER'S MA DE			V.,	7
n penci ii Examineri	<u>_</u>		0.							BENJA	ALLM	
XOL X	Fleand				+RRY			ANNER	OGEKS	,		
	<u>∓</u> 5			R IN U.S. ARMED FORCES? (If yes give war ar dates		CIAL SECURITY NO		INFORMANT	7 4 5 5 6 7	Address	EAS	生つ
d be executed d "pending" in Chief Medical E	perm		NO	You kes dise was as gases	N	ONF	- R	OBERT 1	BARRY	SAM	LE AS	
be execution "pending" met Medica	ıt perm remava	F		ATH (Enter only one co				***			INTER	VAL BETWEEN
"pell"	buriał-transit matian, ar re		PART I. DEAT				and /	dehydration	2		ONSE	T AND DEATH
a a a	, פ		2 111			MOLLOTOIL	CITIC (genagration				
snaula e ward the C	i pi		2 8 6 - Conditions, if ony,		E TO							
S A E	nat		rise to immediate	e couse (a)	(b)							
하 속 부 .	a burial-tr crematian,		stating the under		E TO						}	
ing de	SD —,		last	,	(c)							
s cernitions snaula e, writing the word farwarded ta the Cl	used as bur'al,	1	PART II OTHER SIG	SN# CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO	THE TERM NAL DISEASE (CONDITION GIVEN IN	ART 1(a)	19 W	AS AUTOPSY ERFORMED?
S CE			Mon	ngolism - s	ningo hi	wt h						MO I
Lhis icote, be fo	be r ta	1 1	20g EXTERNAL CA	USE WAS	20h DESC	RIBE HOW NILRY (DCCURRED	(Enter nature of injury	in Part Lar Part Laf	item 18.)		
*= ·	prior		PRIMARY I ar COI	ATRIBUTING 🗆	200 023		0111111	(2.00, 1121212 21 11 2)		,		
	ofs ~		20a EXTERNAL CA PRIMARY I D or COI CAUSE OF DEATH 20c T ME OF INJU Hour o.m		1 00 1 111	LIDY OCC ORED	1.00 0.1	CL OC B L OV (III C	orm 20f (City	an Amura l	(Caunty)	(State)
A the	e	1	Haur a.m	JRY Month, Day, Year n	While	URY OCCURRED Not While		CE OF INJURY (Home, for		or rawn)	(casiny)	(Stare)
te te	où où	1	р.п	n. 19	at work							
execute	IRECTOR: Podesignated		21. I certify	y that I took charg	e of the remi	oins described o	bove, he	eld on Autopsy X	, Inspection	k, inquiry	x, ond i	n my opin'or
ex d f			death result	ed from: Nates	ol causes to	, Accident] Suic	ode 🔲, Homici	de Undete	rmined monne	er 🗍	
Se ecto	esić			. //	V		J,		AL EXAMINER			
please directo	S d		ACTUAL	asta					MEDICAL EXAMINER	1	22	. DATE SIGNED
	¥ É		SIGNATURE	- The	1127	-V /			DICAL EXAMINER TO	,		
5 5 6 4	ERA		EXAMINER'S NAME (Type)	John Kehoe	M.D.	Riverdale	e. Md	a Address (51)	eet, city, tawn, or cou	ntvì	2-	-3-66
o beruit meartal Examineressory, please execute the funeral director Page 4 5 may be retained for your	Health	1	30 BURIAL, CREMAT C			23c NAME OF CEA				Y (City or Town)	(County)	(Stote)
S the S	• ≟		REMOVAL (Specify	V 0.				/ ,	An A .		17."	
	2	1		ON 2-8-	1466	FORT 1	LINC	OLN (EM	BLADE			CINALY
VR A15	ELIE (E)	1	24. FUNERAL DIRECTO	20 1	6.	DDDRESS	10		C'D BY REGISTRAR	25b. REGISTR	4 40	4.0
6M	1/66	4	W.W.E	mambe	rs 60	Muer	dale	MO DATE	B 10 196	b pulle	wells Ju	oge.



ON STREET, BALTIMORE 1, MARYLAND funeral A C. A. A. A. A. A. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY #27 27 by the and 2 death. ALC: YES ALTO ٥ CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give near write EURAL and give nearest town .S. ... 10 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 462 YES NO . a completely papers. NAME OF Middle 4. DATE Enst Last Dey Month Yeer DECEASED OF (Type or print) DEATH carbon & COLOR OR RACE 7. MARRIED SEX AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED and last birthday) Months Davs Hours WIDOWED DIVORCED 10a. USJAL OCCU 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! MOTHER'S MAIDEN NAME ă Then I ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive war or detes of service) r attending physician, has been signed by the e burial-transit permit. T CAUSE OF DEATH Ifpler only one cause INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying certificate has a structure to burie cause last. ō PART I OTHER SIGNIFICANT CONDITIONS CONFRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY ERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After this 3 should be detached for (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While at work et work 19 21. I certify that (I) (this hospital) attended the deceased from. Sand that death occurred a M. I from the causes and on the date stated above. saw the deceased alive on DATE ATTENDING STAFF & GNED death. Page-TO FUNERAL I director, page 3 be filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 23e. BURIAL CREM DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City flown or county) (Stele) REMOVAL 25a, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

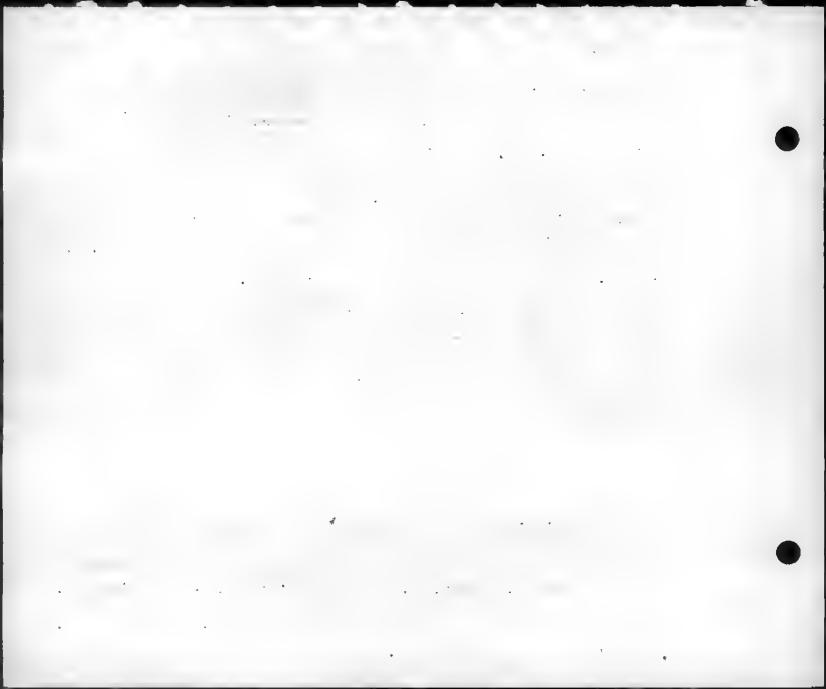


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after leader. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

_			. () 🗸							
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)							
	Prince George's MARYLAND	a. STATE B. COUNTY Prince Ge	eorge 's							
-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL								
	write RURAL and give nearest town) Cheverly 2 days	Landover Hills	11 1							
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE							
	Prince George's General Hospital	4215 71st Avenue	ON A FARM? YES NO							
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year							
	(Type or print) Carrie	Beall DEATH February	3 19 66							
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (in years if UNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS.							
1)	Female White WIDOWED DIVORCED ,	January 12, 1875 91 yrs.	Days Hours min.							
102	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT							
37	ouse Keeper Own Home		J. S. A.							
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	James W. Beall	Frances L. Nalley								
15	at an angular and 1717 and also an analysis of a metallicity	INFORMANT Address								
	No None 215 46 2882 Pr	ma Shaffner (Neice) Same as	3 # 2							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH							
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EREBRAL	THROMBOSIS	2 days							
	= ∞ → DUE 10 A	1 42	100							
	Cenditions, If any, which (b) STARALIZED HATEROSIS ICM									
	gave rise to immediate cause (a), stating the DUE TO									
	underlying cause last. (c)									
LION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?							
ICA	AKTERIOSCLEROTIC HE	ART DISEASE	YES NO							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)								
MEDICAL	factor factor	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	ity) (State)							
MEC	p.m. 19 at work at work									
	21. I certify that (I) (this hospital) attended the deceased from		∠ that (I) (we) last							
		death occurred at 10:05, from the causes and on the								
	22a. SIGNATURE	ATTENDING MED STAFF	TE SIGNED							
	I bramas of Malaney, D.	ATTENDING MED. STAFF PHYS. 2/3	/66							
	22c. PHYSICIAN'S NAME (Type) Thomas G. Maloney, Jr.	22d. ADDRESS	- W3							
_	Thomas G. Maioney, Gr.	4814 71st Ave. Landover Hills								
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		nty) (State)							
	2/3/00 pit Ulivet cem		Md.							
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S								
F.	. Gasch's Sons Hyat sville, Md.	BATEB 7 1966 Misseles								

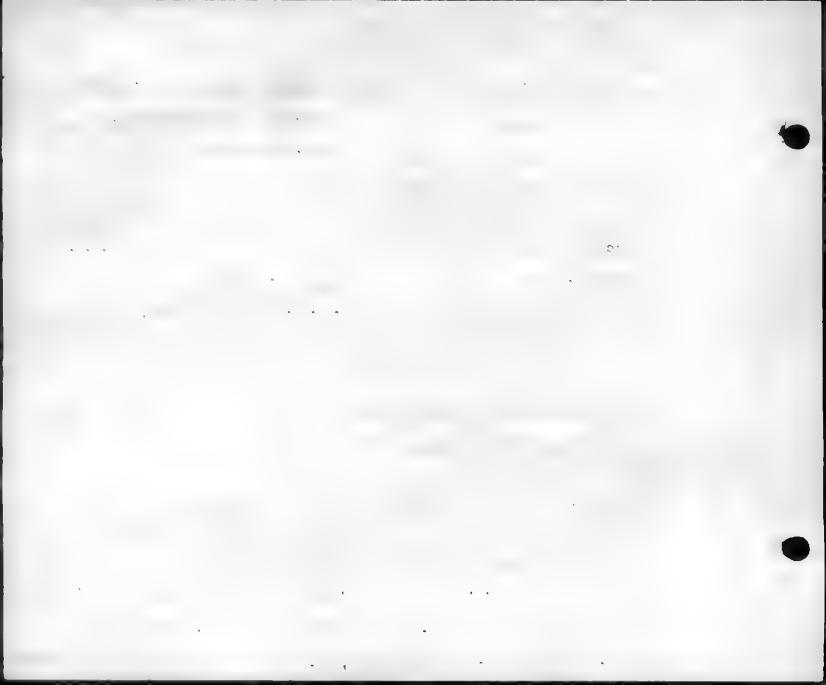
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1 /_		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 25 H		02655 CERTIFICATE OF DEATH 02632
death.	1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE AA b. COUNTY
the fu	_	YRINCE GEORGES MARYLAND MARYLAND CHARLES
by t Page urs a	7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) RIPRAL - INALD OR F
24 nours filled in by papers. Pagin 72 thours	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
n 24 nu filled papers hin 72 t		3600 73D. AVENUE. YES X NO□
e executed within 2 an and completely file is remove carbon parting any event, within	3.	NAME OF First Middle Last 4. DATE Month Day Year DECRASED OF OFFICE HEALTH FEB. 12. 1966
completed v	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
xecul and c	1	MALE CAU. WIDOWED DIVORCED OCT. 1, 1889 7 yrs. Months Days Hours Min.
Se e	10a	1. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ohysic plez	13.	FARMER TOBACCO CHARLES MARYLAND UIS.A.
ing r Then emov		JOHN W. BEALLE JALLY CARRINGTON
that the death certificate be sician. ned by the attending physician sittansit permit. Then please al, cremation, or removal, and the		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. TACK Representation of unknown) (If yes give war or dates of service) 9.18.21.15.20.7
the a		18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).]
en sign		PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
		DUE TO ON TO LINE TO THE TO THE TOWN THE
aw requires trending phy has been sig as the buri prior to buri		gave rise to immediate (b) DUE TO
faw re- attendii has be as th prior	2	underlying cause last. (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES IN 10 FT
* 2 語句子 ()	THE	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
the hospital the hospital this certified detached for the Dept. of H		
PHYSI the h r this detac	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
ed by t ed by t After Id be d	2	21. I certify that (I) (this hospital)/attended the deceased from 1952 3/19 / 1964 that (I) (we) last
ATTENDIN retained t CTOR: Aft should b vith the Si		saw the deceased alive on
Direct V		22a. SIGNATURE W.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22b. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
PITAL 4 may ERAL 1 out, page 1 be ful		22C. PHYSICIAN'S NAME (Type) D 1 + D 1 + TD 1 + TD 2 2CC.
TO HOSPITAL Page 4 may O FUNERAL director, pa should be fil	234	100 8 6 1 1 10 1 2 1 1 2 2 2 1 1 W D W C 2 1 1 W C 2 1
5 5 5 8 8	1 200	BURGAL 2-16-66 CHRIST CHURCH CEM. ACCOREER, MD.
A. A	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64		16 HUNTT PUNCKAL HUME, NATUUKE, 1110. I DATE 3 13 1838



. 1	34		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
FOR S	STATÉ		02566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2633
HEALTH		N	1. PLACE OF DEATH a. CDUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY Hugged a. STATE b. COUNTY Hugged b. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits, write RURAL and a. STATE b. C. CITY OR TOWN (if outside corporate limits)	ta /
lay is incessa 3 to the fune Page 5 may	s after death	. ,,,	write RURAL end give nearest town) Cheverly d. Name of Hospital Or Institution (if not in hospital, give street address) d. STREET ADDRESS	3 2
defay ind 3	State hours	1	Prince George General Hospital SEXESSESSESSESSESSESSESSESSESSESSESSESSE	
ny del 2, and M3.	the 72		OECEASED (Type or print) Catherine Jarman Beard OEATH 2 20	19 66
# T F	A H		5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years FUNDER 1 YEAR last birthday) Months Days	R IF UNDER 24 HRS
death. If Pages 1, ith form	2 v		Female White WIDOWED DIVERCED 1/29-1902 63 yrs.	
er des ive Pa with	1		1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN CDUNTRY	RY7
<u>සුව ක</u> .	8.2		Retired schoolteacher Public Schools New Hope, Virginia U.S. 13. FATHER'S NAME	Н
	page in		Gleaves C. Beard Anna P. Fretwell	
n 24 hou I In Item s Office	S S		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT	n 1
S Files			(Yes, no, or untown) ((1) yes give war or dates of service) Yes Mrs. L. G. Stout Baltimore, Maryla	nd.
uted withi "In pencil Examiner	permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	FERVAL BETWEEN
should be executed we word "pending" In p	or it		PART I. DEATH WAS CAUSED BY: (a) Sub-arachnoid hemorrhage	
ing' cal	ial-transit mation, or	İ	O DUE TO From Fracture of skull	
ld be e "pend Medi	burial	**	Conditions, If any, which (b) From fall down stairs at home	
ief i	40 J		cause (a), stating the DUE TD underlying ceuse last. (c)	
S S S S S S S S S S S S S S S S S S S	used as to barial		100	WAS AUTOPSY PERFORMED?
INER: This certificate sificate, writing the webe forwarded to the C	use to b	4		YES ND
ting ed to	ld be prior		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
his c wri	nt, p			(State)
NER: This cer Ificate, writin be forwarded	3 shou agent,		Hour a.m. While Not While factory, street, office bldg., etc.)	(2.2.2.)
AINE Tiffe	age			nd in my opinior
EXAMI The certi	TDR: Pedesignat		death resulted from: Natural causes 7]. Accident X, Suicide 7, Homloide 7, Undetermined manner	
	- G13		CHIEF MEDICAL EXAMINER	
	DIRECTOR ITS		M.D. ASSISTANT MEDICAL EXAMITEE	22. DATE SIGNEO
> ~ ~	- A	4.	EXAMINER'S John Kehoe, 11.D. Riverdale, 11d. Address (Street, city, town, or county)	2-21-66
DEPUTY lease ex rector.	FUNERAL		NAME (Type) John Kenoe, II.D. RIVERGALE, FIG. Address (Street, city, town, or county) 23a, BURIAL CREMATION, 26b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county)	
TO DEP pleas direct	ret ro of		REMOVAL (Specify) (2-23-66 Mt Hareb Cometery Mt Hareb Virgin	<i>ia</i>
	,_		24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
	A15ME		Warner E. Pumphrey, Inc. Silver Spring, Md. DATE EB ? " 1003 polanles	Judge



1		MARYLAND STATE DEPARTMENT OF HEALTH	
1 5000	69	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR OZS 5 7 CERTIFICATE OF DEATH	VLAND 112531
hours after by the funera and 2 should death		PLACE OF DEATH e. COUNTY 718-59th, ave Fairmont figts MARYLAND b. CITY OR TOWN (if cutside corporate l.mits, write RURAL and write RURAL and give nearest lown)	
d in 24 sly filled in k ss. Pages 1 hours after	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) Tairmont Hgts. d STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
ited etely pers. 2 hc	3.	NAME OF First Middle Lest 4, DATE Month OF OF	Dey Yaer
and complete carbon page within 7	5.	(Type or mint)	
icati cian ove ever		BUSIAL OCCUPATION (GIVE kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BRT. IPLACE (County & State, or fore an country) 12. Citizen a during most of working life, even if refired)	EN OF WHAT COUNTRY?
ih certii g physic ase remo in mny		Minister Minister D. C. Mother's Maiden Name	U.S. A.
deat and ples	15.	Charles Beason Owens Mary . WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address	-
quires that the tysician. Tysician. Tysician. Tysician. Tysician. Tysician. Tysician. Tysician.	(Yo	PART I. DEATH WAS CAUSE (a) PART I. DEATH WAS CAUSE (b) PART I. DEATH WAS CAUSE (a) PART I. DEATH WAS CAUSE (b) PART I. DEATH WAS CAUSE (a) PART I. DEATH WAS CAUSE (b) PART I. DEATH WAS CAUSE (b)	Fairmont Hgt
AN: The law real or attending plant has been sign attending to the burial, and a gurial, are also aurial, are	NOI	Conditions, it any, which governing to Character Titrosin of Canare afters governing to immediate cause (2), stating the undarlying DUE TO Pan ireate and Bale Duct Obshuction Cause isst. PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Panceable Pseudocy of Death But Not Related to the Terminal Disease Condition given in Part	27 mos
PHYSICI the hospit his certific for use a for use a	CERTIFICAT	20a ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18) OR CONTRIBUTING () CAUSE OF DEATH	YES DNO DE
NDING ined by the following th	MEDICAL	20c. TME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Counties a.m. While Not White factory, street, office bldg., etc.) p.m. 19 et work at work	ty) (Steta)
TEI TOR Depl		21. I certify that (1) (this hospital) attended the deceased from .7 /.2.7 195 , to	
Dould ate		saw the deceased alive on	e date stated above.
T DIST		228. SGNATURE W. L. STAFF PHYS. DIRECTOR PHYS. STAFF PHYS. 226. ADDRESS 226. ADDRESS	2/12/66
HOSPITAL path. Page 4 FUNERAL rector, page stiled with ti		22c. PHYS CIAN'S NAME (Typo) W. W. Funderburk 22d. ADDRESS Horthold	- D.C.
HOSP eath. P FUNE irector,	23	REMOVAL (Specify) 2/84 /66 Timesof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
Q Q Q T A N	24	Burial 2/21/66 Lincoln Meo. Cem. Maryland 1425 PRESS Ave, N. E. 250. REC'D BY REGISTRAR 250 REGISTRAR'S S EE B 21 1966 Pulsarles	11 / -



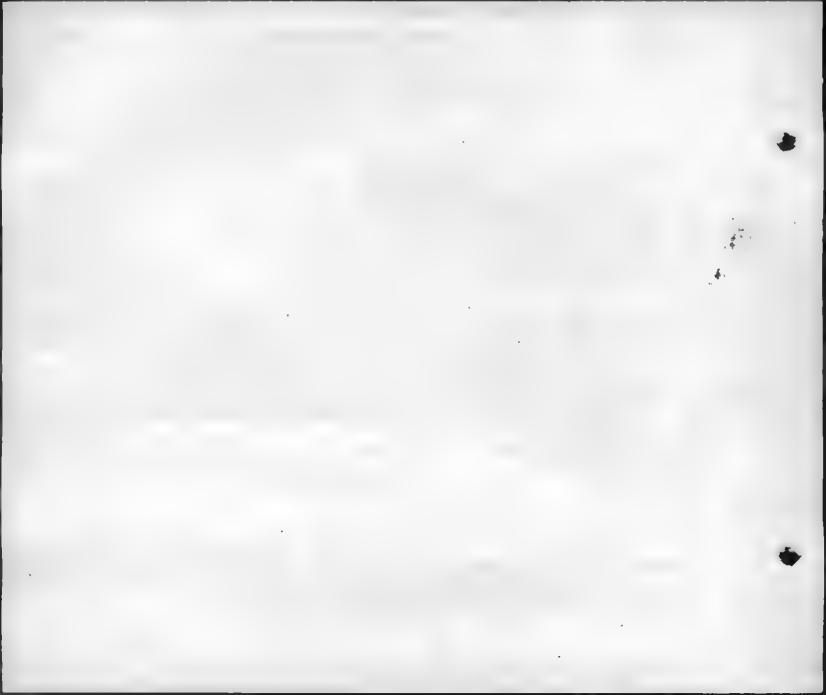
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	. 82863 CERTIFICA	ATE OF DEATH Reg. Dist. No. 13 63.5
	COUNTY Prince Glorge MARYLAND	o. STATE Mayland b. COUNTY Mince Strage
	RURAL and give nearest towal I would I month	c CATY OR TOWN Alf outside corporate limits write RURAL and give nearest town;
	or institution FD # 1 Bix 42	Route # Box 42 0. IS RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print) EVA Practice (Beche # DATE OF Month 13 Doy Year 1966
1	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1. male who will be divorced	B. DATE OF BIRTH P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Out 13, 1891 P AGE (In years IF UNDER 14 HRS Months Doys Hours Mill.
1	00. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired) Total	md u.SA
	3. FATHER'S WAME Drockand	14. MOTHER'S MAIDEN HAME Crosby
	5 WAS DECEASED OF ER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	elle Kloty Glenn Hale Ind
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	usin & diffration minutes
	Conditions if ony, which gave rise to immediate (b)	us desortic last diverse year
	Couse (o), stoting the under. DUE TO lying couse lost. (c)	sixercockonis types
^	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Port It of item 18.)
	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 While Not while of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
	21 I certify that I attended the deceased from alive an 2/12, 1906, and that death	n occurred at 1455 M, from the causes and an the date stated above
,	ACTUAL SIGNATURE MINE THIS 5	M.D. RED glann Jale and 2/13/66
	PHYSICIAN'S H James Kurtz	
	Burial (Specify) Feb 16-1966 It Line	or Colman Maner, Ind.
1	F Claseks Rona Afallerilles	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE



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CERTIFICATE OF BEATH

NAZON

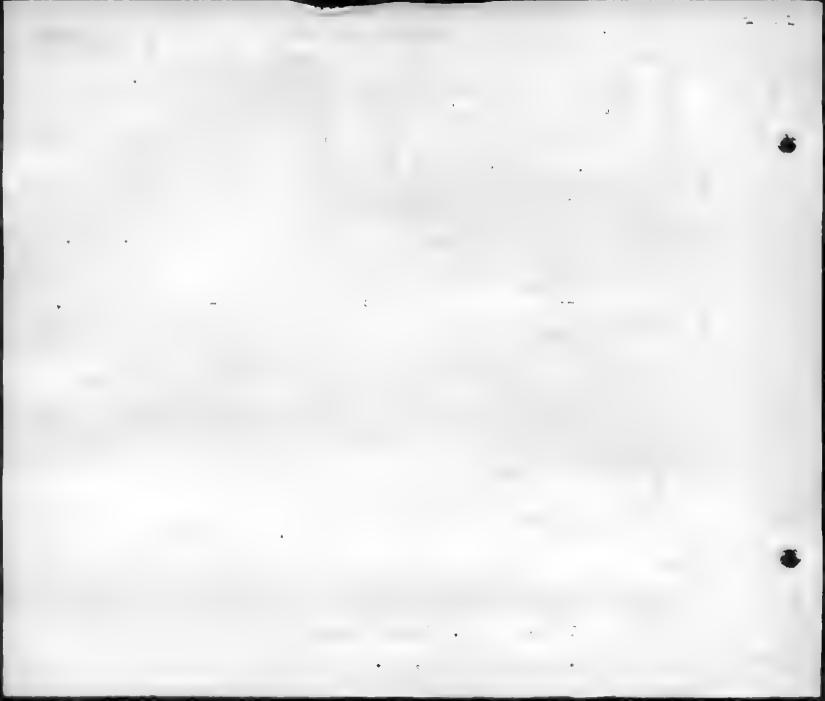
	UZONY		CEKTIFICATE OF DEATH						
	1. PLACE OF DEATH		VI - 100 100 100 100 100 100 100 100 100 1	2. USU AL RESIDENCE (Wh		on: Residence before admission)			
	Prince	e Georges	MARYLAND	Mary		Pr. Georg			
	 b. CITY OR TOWN (If outs) RURAL and give nearest 	ide corporate limits, write - town)	c. LENGTH OF STAY IN 16		outside corporate limits, write Ri	URAL and give nearest town)			
1	Oxon Hill		Life	Oxon Hil	1	,			
	d NAME OF HOSPITAL (IF NE INSTITUTION 4736 Winst	not in haspital, give street	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	4/36 Winsic	ow Road		4736 Wins	Low Road	YES NO			
	3. NAME OF DECEASED	DECEASED		Lost	4. DATE Mon	/			
ı			ckham	BELL		ruary 13 19 66			
	177 - 7			B DATE OF BIRTH	9. AGE (in years lost bightday)	Months Days Hours Min			
N			100	0	,1902 63 ₇₅				
7	during most of working lif	le, even it retired)	KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY?			
	HOUSEWITE 13. FATHER'S NAME		wn Home	Marylan		U. S. A.			
	William Wic	alela am		14 MOTHER'S MAIDEN N					
	15. WAS DECEASED EVER IN U		COCKE CECURITY NO. 12. II	Dora B					
		give war or dates of service)			Addr				
				MCTITO DETT	Dolly-Same				
		Enter only one couse per lin	par "	1- 41	1	INTERVAL BETWEEN ONSET AND DEATH			
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Correspondence fount for the cause (1)								
1	C	DUE TO	min 57 1	reliente	7				
		gove rise to immediate (b) Callette V) Callette V)							
	couse (p), stating the under-								
	, (6)								
	PART 11. OTHER SIG	-				PERFORMED?			
	200 ACCIDENT WAS UNI	DERLYING [] 20b. DESC	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	Port I or Port II of item 1B.)				
	OR CONTRIBUTING CA	AUSE OF DEATH CAL EXAMINER)							
	3 20c. TIME OF INJURY ME	onth, Day, Year 20d. It	WURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	. 20f (City or town)	(County) (State)			
	20c. TIME OF INJURY Me Hour a.m.	19 While of world		tory, street, affice bldg., etc.	}				
			ed fram 5/29	10/25 10 5	2/12 10/-6	, that I last saw the deceased			
	alive on _ 2	-113. 196	and that death	none P	NA Same About the	e,,mat i tast saw the deceased and an the date stated abave			
	GILLAGO OIL	1	and mor deam		M, from the causes a ADDRESS (Street, city or town,				
1	ACTUAL SIGNATURE	7100 180	erecció -	un 1110-	7217H 121 E	2/16/6			
		- Land	ener!	m U					
	PHYSICIAN'S C' ,	Louis M	ENDEL	1447	175 VILLA	E Mal.			
	220. BURIAL CREMATION, 27	26. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, o	or county) (Stole)			
	REMOVAL (Specify) Buriol	2/18/66	Ft. Lincol	Comotory	Bladensburg	Maryland			
	23. FUNERAL DIRECTOR'S SIGN		ADDRESS			STRAR'S SIGNATURE			
	Ritchie Bro	s. Upper M	arlboro, Md.	DATELAA	D7 1966 1	Charles Judge			

may be retained. The haspitat or attending physician.

TO IUIEEAL MECTOR: After this certificate has basen signed by the attending physician and caractery filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL C VS A15 (4) 15M 9/55

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH

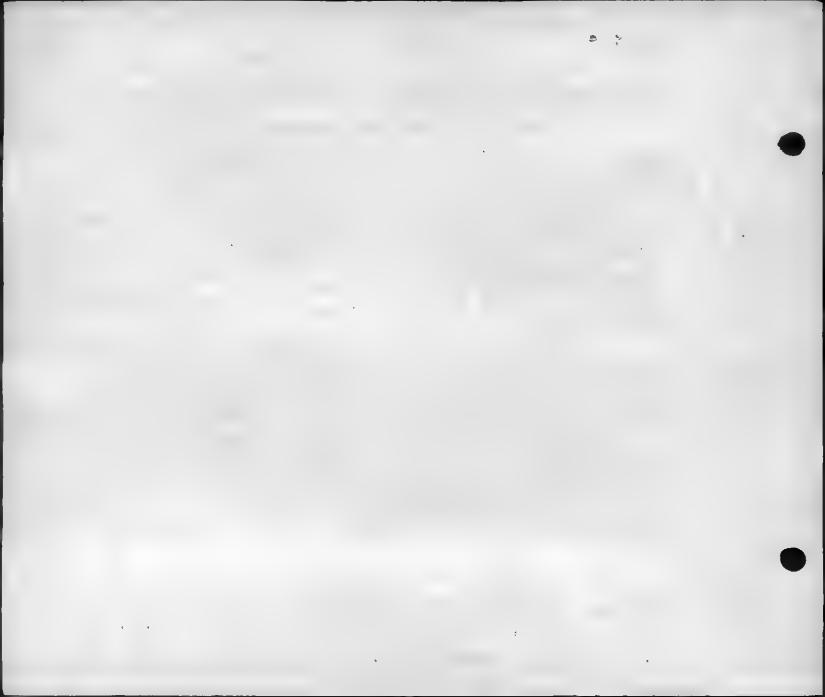
after within executed certificate VR A15 (4)

20M 1/65



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) a. COUNTY. **6 COUNTY** by the and 2 death. PHINCE MERNY, END b. City OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town? ₽. Pagell filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE papers. Pag n 72 hours ON A FARM? YES NO 14012 completely 3. NAME OF 4. DATE Day Year DECEASED OF (Type or print) DEATH 1966 withi carbo 5. 5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS pue last birthday) Months WIDOWED [DIVORCED ■VO⊞ 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Racker please 13. FATHER'S NAME .9 Pu 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO.1 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] Ş. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The mes al-transit DUE TO Conditions, if any, which peen gave risa to immadiate cause (a), stating the underlying the Ma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS CERTIFICATION PERFORMED? certific NO use prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of itam 18.) for detached for WEDICAL After ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or lown) (County) (51e1e) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work may be retaine p.m. Dept. 8 21. I certify that (I) (this hospital) attended the deceased from F. A. 1965, to Fallo 14, 196 6 that (1) (we) last should saw the deceased alive on.....To.... 22a. SIGNATURE page 3 s with the PHYS. DIRECTOR PHYS. M.D. HOSPITAL death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OFE Raleigh N. C. Feb 17. Mt Lawn Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) F. Gasch's Sons Hyattsville, Md. 20M 5-63

DEPARTMENT OF HEALTH



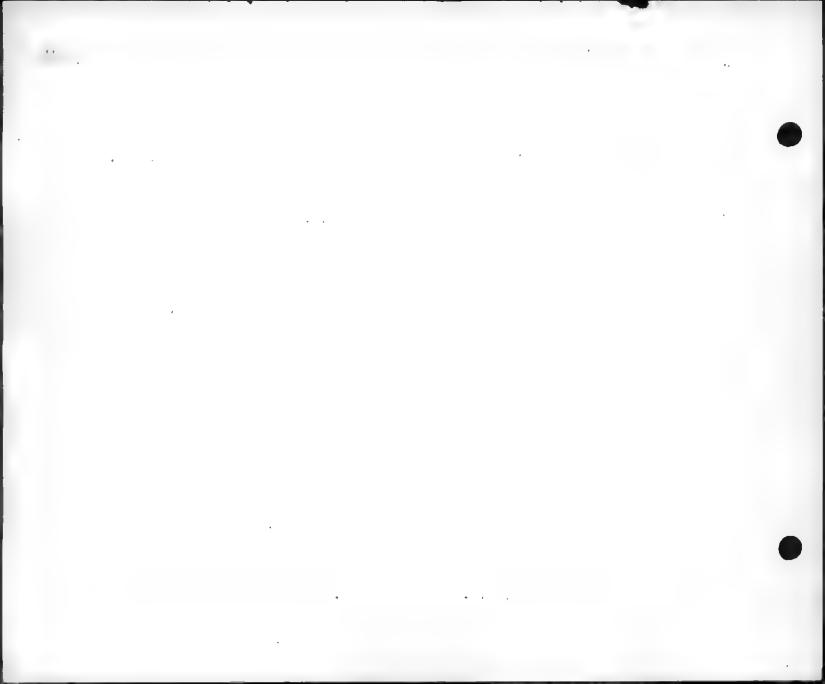
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. IN WERAL OFFICE. After this certificate as been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and a should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02672
CERTIFICATE OF DEATH

	1. PLACE OF DEAT	Н		em / 11	// //		DENCE	(Where deceas			sidence before ad	mission)
Y		a. STATE b. COUNTY Maryland Prince George's										
П	Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b				Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
L		write RURAL and give nearest town) Cheverly 2 days			Cheverly							
ľ		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADDRESS e. IS RESIDENCE						IDENCE	
4	Prince	George's Ge	neral H	lospital		2200	Che	verly	Ave.		YES T	NO XX
ľ	3. NAME OF DECEASED	Firs	t	Middle		Last		4. DATE	Month		Day Yea	ır
1	(Type or print)	Thom	as	G.		Borden		OF DEATH	Feb.		18 196	36
ď	5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIE	3 10	. DATE OF BIRT	H	9. A	GE (In years		YEAR IF UNDER	
	Male	White	WIDOWED	DIVORCE		11/26/95		7	yrs.	Months	Days Hours	Mm.
	during most of work	FION (Give kind of work do ling life, even if retired)	IND	USTRY		11. BIRTHPLA	CE (Coun	ity & State, or	foreign country)		TIZEN OF WHAT	
	etired E	lectrical fe	ech. U	S Govern	ment	Tennessee USA						
1	13. FATHER'S NAM	·-				14. MOTHER'S MAIDEN NAME						
1		Charles F	Borden			Lena M Gregory						
		EVER IN U.S. ARMED FOR	(onima	CIALSECURITYN		. INFORMANT Address						
	Yes (If yes give war or dates of service) 578 09 3271 Caroline R Borden Cheverly, Md.											
1		DEATH [Enter only one	cause per line	e for (a), (b), and (c).]	Z=		(?	10		INTERVAL BE	
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alltioning Duling wars and o lines Course Course Course											
J	4 d 0 0 DUE TO 0 1 1 1 1 1 1 1 1 1											
ı		[Conditions, If any, which] my Constraint with the March 1 100 and 9 1000										
1		gave rise to immediate cause (a), stating the DUE TO										
1	underlying cau	underlying cause last. (c) 8° (Clinton (T) (D(ON)										
4	PART IL OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
-1	Sol											MO 🔲
	PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	20b. DE	SCRIBE HOW INJU	RY OCCU	RRED. (Enter nati	ure of Ir	lury in Part	I or Part II of	Item 18.)		
- 10		ING CAUSE OF DEATH TIFY MEDICAL EXAMINE	R)									
- [Z 20c. TIME OF	INJURY Month, Day, Ye		1	20e. PLAC	E OF INJURY (Ho	me, farm	, 20f. (Ci	ty or town)	(Cour	rty) (S	State)
П	20c. TIME OF Hour a.	m. m. 19	While at work	Not While at work	10000	J, street, omcon	og., cir.	′				
1	_	fy that (1) (this hospit	al) attended	the deceased f	rom /	26.15	. 197	(C. to -	tea 18	. 1964	←, that (I) (v	ve) last
1		ceased alive on Fe										
22a. SICNATURE 22b. DATE SICNED									TE SICNED			
1		('	alia	α	M.D	ATTENDING PHYS.	DIF	RECTOR	STAFF PHYS.			
П		NINE PERSON AND A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A										
NAME (Type) OHANNES SAHAKYAN 5813 & BULLEVET WO. COM								/_/				
PEMOVAI (Specify)									ate)			
0			1966	Gate of	Heav				aton Ma			
3	24. FUNERAL DIR		7.8	ADDRESS		25a.			AR 25b. RE	GISTRAR'S	SIGNATURE	
	r, di	sch's Sons	Hyat	tsville,	Md.	DAT	ED.	23 198	00	- This	11	

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a COUNTY b COUNTY P.M.3. Poge delay is Prince George's Prince George's MARYLAND Marvland b CITY DR TDWN (If outside corporate limits c LENGTH OF STAY IN 16 c. CITY OR TOWN (flautside corparate limits, write RURAL and give nearest tawn) DUD write RURAL and give nearest town) Departing DOA Cheverly Suitland d NAME OF HOSP TAL OR INSTITUTION (finat in haspital, give street address) d STREET ADDRESS S RES DENCE ON A FARM? form hours NO [-1 pencil in Item 18. Give Poges Prince George General Hospital ote Parkway Terrace This certificate should be exacuted within 24 hours after death WITH 3 NAME OF Midd e Lost DATE Manth DECEASED OF (Type or print) Victor DEATH Michae Bozo olong S. SEX 8 DATE OF BRTH AGE (In years FUNDER 1 YEAR F JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVDRCED Male White Office event 10-6-1965 10a. USUAL OCCUPATION (Give kind of work done 11. B RTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MARYLAUD any word "pending" in pencil in the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. FRAYA 070 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO INFORMANT (Yes, no ar unknown) (If yes give war or dates af service) removol. Physica 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVA. BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Ь Pneumonia IMMEDIATE CAUSE (a) cremation, DHE TO Conditions, if any, which gave rise ta immediate couse (a), 0 DUE TO Ö stating the underlying cause forworded last. Q S burial, 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, YES X NO 2 pe 20a EXTERNAL CAUSE WAS 20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.) prior 3 shou,d PRIMARY I or CONTRIBUTING [should EXAMINIR: CAUSE OF DEATH ogent, p 20c TIME OF N. JRY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) Haur o.m. foctory, street, affice bldg., etc.) While Not While FUNERAL DIRECTOR: Poge Page at work of work designoted 21. I certify that I took charge of the remains described above, held an Autopsy of Inspection x Inquiry or and in my apinian death resulted fram: funeral director Natural causes Suicide [7] Hamicide [Undetermined manner / Accident CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE Ö DEPUTY MEDICAL EXAMINER **EXAMINER'S** 2-12-66 John Kehoe. M.D. Riverdale. Md. Health NAME (Type) Address (Street, city, town, ar county) BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 0 BALTO NAT. DALTO. 25a - REC'D. BY REGISTRAR VR A15ME (5) 6M 1/66

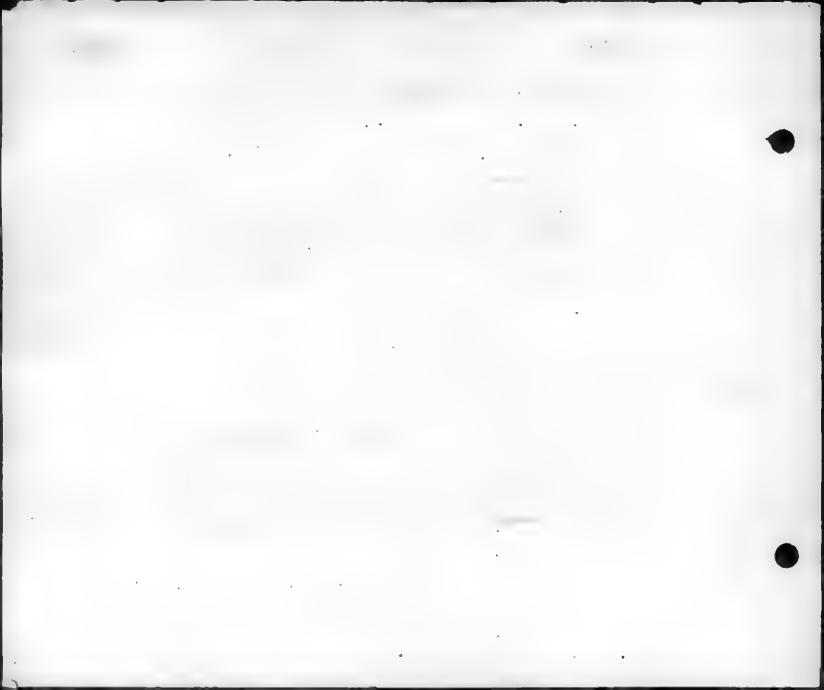


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND
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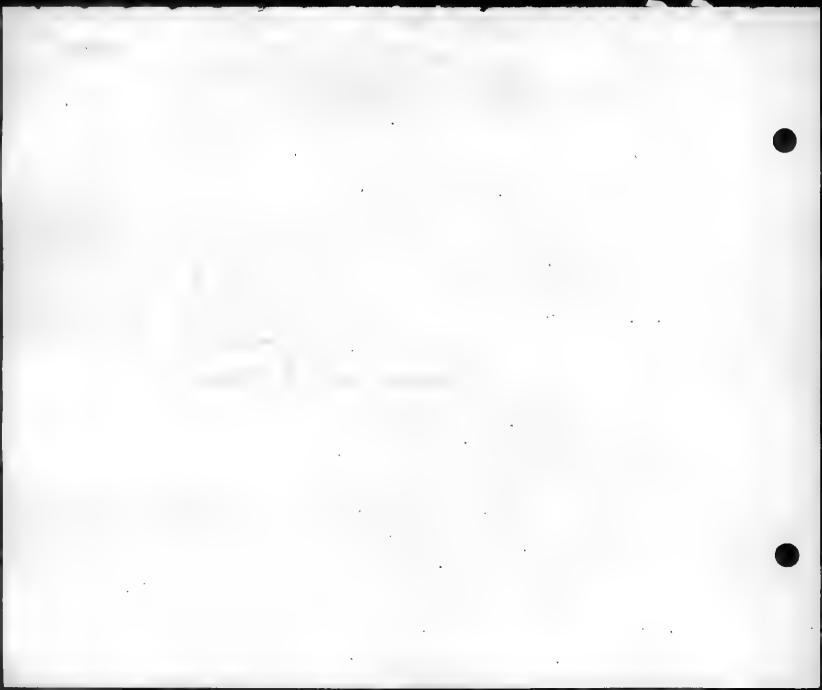
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1	1. PLACE OF CEATH a. COUNTY	2. USUAL RESIO	ENCE (Where deceased lived, If institution: R	esidence before admission)
	Prince George. Maryl	CHARTYLAND -	D, 000HT	J
		OF STAY IN 1b C. CITY OR TOWN	(If outside corporate limits, write RURAL	and give nearest town)
ł	Suitland No. 15		ington,D.C.	47
ı	SUME COMOSPICAL PRINSTITUTION (" LIT IN REPORT OF THE	street address) d. STREET ADDRE		e. IS RESIDENCE ON A FARM?
	4450 Whiteholl St.	39 35 R	St.,S.E.	YES NO
1	3. NAME OF First MI	iddle Last	4. DATE Month	Day Year
۱		dley, DDS	PAROUNOSE HEAD	10 1966
ı	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (in years IF UNDER last birthday) Months I	Days Hours Min.
		DIVORCED april 2m	1002 04 yrs.	
Į	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI during most of working life, even if retired) INDUSTRY	INESS OR 11. BIRTHPLACE	00	ITIZEN OF WHAT DUNTRY?
İ	Dentist Profess			A
	13. FATHER'S NAME	14. MOTHER'S N		
1	Edward & Bradley		et Inckeough	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECTIONS, no. or unknown) (If yes give war or dates of service)	URITYNO. 17. INFORMANT	Address	
١		Rita M.Bro	dley #2 above	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (I	7 -		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCING	oma of Esopt	V AGUS	3 MONTHS.
Į	DUE TO			
1	Cenditions, If any, which (b)			·
	cause (a), stating the DUE TO			
ı	underlying cause last. (c)	Warrange of the Control of the Contr		TAR WAR ALITODAY
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA			19. WAS AUTOPSY PERFORMED?
	ESSENTIAL HYPERTENSION,	CEREBRAL ARTERIO		YES NO
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA ESSENTIAL HYPERTENSION, C 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter natur	e of Injury in Part 1 or Part II of Item 18.	.}
1	Hour a.m. 19 at work at work	fantary atreat affinable	e, farm, 20f. (City or town) (Cou	inty) (State)
	Hour a.m. While Not Wh	3112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ì	21. 1 certify that (I) (this imagital) attended the dec	eased from JANUARY28	, 1966, to FEB. 10, 196	6, that (I) (more last
	saw the deceased alive on FEBRUAR 18 19	66, and that death occurred	at $1030A$ M, from the causes and on the	he date stated above.
	PEG. SURNATURE	ATTENDING	MED STAFF	ATE SIGNED
	June & Knaucese	M.D. ATTENDING		
	PHYSICIAN'S NAME (Type) VINCENT J. D. FRA	ANCESCO 243	G L'ENFANT SQUARE	E. S.E.
	REMOVAL (Specify)	ME OF CEMETERY GENERAL STORY	23d. LOCATION (City, town or cot	unty) (State)
		nedral 125a.	REC'D BY REGISTRAR 1 256. REGISTRAR	S SIGNATURE
		a.Ave., SE DC3 DAFE		
i	Jas.T.Ryan, Inc. 317 Pa	TO TO SOLL DO YOAK	A COLOR	The state of

VR A15 (4) 20M 1/65



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ATTENDING	retained by	irector, page 3 should be detached for use as the burial transit permit. They please remove carbon papers. Pages Land 2 hould be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours affect again.		
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TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the meath certificate be emecuted within 24 hours after death.	Page 4 may be retained by the hospital or attending physician.	director, pa	Read Wall	
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1	2		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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deatl	THE STATE OF	1.	COUNTY WHITE DEVELOP THE PERSON REVIEWS DEVELOP TO HOLDERS DE LA COUNTY DE LA COUNT
ifter the 1	SE TY		(The way of the Maderiann)
e Si	s. Pages hours aff		D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
t hou	72 hc	-	6. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
in 24 Iy fill	in any event, within 72		SHH4-Spring J SHIH Spring AT YES NOT
with pretel	arbon at, with	3.	NAME OF DECEASED First Middle Last 4. DATE Month Day Year DECEASED OF DECEASED DEATH 2 19/1/2
uted	ever	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (III. Years IFUNDER 2 YEAR IFUNDER 24 HRS.
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0 1 2	<u>a</u> _	13.	FATHER'S NAME
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atte	さる	(Ŷi	S. WAS DECEASED TYPERTN U.S. ARMED FORCES? es, no, or unknown? (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address: 444
th th	ransit pern cremation,		18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
at III.	transi crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DESCRIPTION CONTROL C
es th hysic signe	burial, burial,		Conditions, If any, which
equir ing p	29		gave rise to immediate cause (a), stating the DUE TO
aw r ttend has b	as th prior	NOI	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The lor a or a	or use Health	ICAT!	PERFORMED? YES NO
JAN: pital srtific	₽ .	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
IYSIC e hos his co	stache Dept.	i i	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
IG PH by the	be de State I	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
NDIN ned t	uld b	ac.	21. I certify that (I) (this hospital) attended the deceased from the part of the state of the s
ATTE retai CTO	sho vith t		saw the deceased alive on 20 19 19 19 19 19 19 19 19 19 19 19 19 19
y be	ied v		ATTENDING MED. STAFF DIRECTOR PHYS. 222 6/
E = 2	or, pag		22c. PHYSTOTAN'S NAME (Type) ALLERED DIESES 22d. ADDRESS
Page 7	directo	238	
5 5	300	1	REMOVAL (Specify) 3/1/66 Columbia boosters after ofter
VR A15	(4)	24	ADDRESS 250. REGISTRARY SIGNATURE DANAR 3 1966 Followler Judge
20M 1		-	C. C. C. C. C. C. C. C. C. C. C. C. C. C



executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the mitemaing physiciam and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dishapped. TO MESENTAL OR ATTENDING MAYABLEN. The law requires that the deals certificats learned by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZUAU GERIIFIU	CATE OF DEATH	1231443
1.		2. USUAL RESIDENCE (Where deceased lived, If institution; Re	sidence before admission)
	a. COUNTY	a. STATE MAKE BANK b. COUNTY	Deo. Co
	b. CITY OR LOWN (If outside corporate limits, A. C. LENGTH OF STAY)		
	b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)	Farham	and grad records torray
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ad-		10 0001001100
	A HAME OF HOSPITAL OR HISTITUTION (III HOSPITAL, give street and	Idress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	naguria far. hurs. Home	1 9/04 Hord Ruck, Ford	YES NO
7 3.	NAME OF First Middle	Last / 4. DATE Month	Day Year
	(Type or print) Mary Incalne	- Bright DEATH 2	15 19 66
5.	SEX 6. COLDR OR RACE 7 MARRIED NEVER MARRIED	18. DATE OF BIRTH 9. AGE (In years IFUNDER)	
	WIDOWED DIVORCED	1 1 1877 last birthday) Months	Days Hours Min.
108	B. USUAL OCCUPATION (G)ve kind of work done 1Db. KIND OF BUSINESS OR		TIZEN DF WHAT
dur	ring most of working life, even if retired) INDUSTRY	, CO	UNTRY?
13	FATHER'S NAME		u.S. A
10.	A ti Totalal	14. MOTHER'S MAIDEN NAME	
,	Calli Mingh	rancy m-curren	
15 (Ye	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. es, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address	
	no	Thomas A. Bright Coame as	1-
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).	.1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CELO DIA + h	Rombosis	ONSET AND DEATH
	V	2-110031	
	Conditions, If any, which \ DUE TO Renal Fail	lune	1WK
	gave rise to immediate		1070
	cause (a), stating the DUE TO	1	3/11/15
Z.	underlying cause last. (c) 1944 / 12, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	1496	TO WAS DUTTORON
VIIC	TAKE IT. STREKS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FIC/			YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY	Y OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		De. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
ED	Hour a.m. While Not While p.m. 19 at work at work	factory, street, office bidg., etc.)	
2		om 1965 to 4/25 196	Abab (I) (usa) Samb
	21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 2/2/1965, and		Ce, that (i) (we) last
	22a. SIGNATURE	nd that death occurred atM, from the causes and on th	TE SIGNED
	4.4	ATTENDING - MED. STAFF	11-7-11
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	125/66
	NAME (Type)	1111	
0.3	ncon a heviracy	NIT-ICAINITES, MY	The second of
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)
.]	purel 17-1170PXIOCELEE	ERLEMETERY UNGLINGTON	R,C
24	FUNERAL DIRECTOR 1 25H COLLANDESS SI	250 REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
11	williano Washington	C 20012thate B 28 1956 1 10 relev	Judge

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	MARYLA	ND STATE DEPAR	RTMENT OF H	EALTH	
DIVISION OF	STATISTICAL RESEARC	H AND RECORDS, 30	1 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
UZOZJ		CERTIFICATE	OF DEATH		11284

	CERTIF	ICALL	OF DEAT	П		17254	A
1.	PLACE OF DEATH e. COUNTY	1		ICE (Where dece		tion: Residence before	dmission)
١,	Market Ma		a. STATE	in a feet	b. COUNTY		Tq.
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA	YLAND	CITY OF TOWN (V a call Co	resta limite welta E	RURAL and give neare	* Inwot te
	write.RURAL and give nearest town)	II III TD	C. GITT OR TOWN (I	outside corps	nate minus, write r	OKVIT BIID BIAD HEGIC	st turring
_	9,10 VCT_3		ncn	1.06.		, -,	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	d. STREET ADDRESS			6. IS RES	FARM?
	<u> </u>		540	Alat a	VP.	YES 🗌	No 🔲
3.	NAME OF First Middle DECEASED		Last	4. DATE OF	Month	Day Ye	ar
	(Type or print)		m - la s	DEATH	_	7 19	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED 8	. DATE OF BIRTH			NDER 1 YEAR IF UNDE	
	Color WIDOWED CO DIVORCE	ED TO	Dut 1-18	90	75, yrs.	nths Days Hours	Min.
10:	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O	R	11. BIRTHPLACE (County & State, o		12. CITIZEN OF WHA	1
OUI	Ine most of working life, even if retired) INDUSTRY	Fam l	16 aci		,	COUNTRY?	
13	FATHER'S NAME	MILLE	14. MOTHER'S MAI	DEN NAME		(1,2,12	
	11-11-200	/	11.	1	~		
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	0, 1 17,	INFORMANT	now	Address	<u> </u>	
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_	No None	1/1/15	RY DROOKS	200	me 135	20	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ((c).]	7 . 4 .		2 . 1	INTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) - far adving	ed	Couring	ma 5	Cerril	OHSEI WID	VLAIN.
	17/X DUE TO 10 11.		L D	Y.1	B		
	Conditions if any which \	Mille	They level	land y	m Game.		
	gave rise to immediate		and a least - to	1	V CO VICE		
	cause (a), stating the DUE TO			0			
×	underlying cause last. (c)					10 140 4	Ironav
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELA	LED ID THE LEKMINAT	DIŞEASE CUND	ITTON GIVEN IN PAR	T 1(a) 19. WAS AL	
1CA						YES [No XX
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter naturo d	f Injury In Par	t I or Part II of Ite	em 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			E OF INJURY (Home, I		ity or town)	(County) (State)
EDI	Hour a.m. p.m. 19 at work at work	ractor	y, street, office bldg.,	etc.)		•	
2		fun.m.	2 ^m 1 2 m 1	0.000	P 1 P1	10.00 that (I) 6	deal (au
	21. I certify that (I) (this hospital) attended the deceased			19 55 to 1		1956, that (I) (
	saw the deceased alive on 16. 19.00,	ano that	death occurred at	ANDRU		on the date stated	auuve.
	Carl V. 1 /Va A. Charl M.	2	ATTENDING -	MED.	STAFF -	A & //	
	22c. PHYSICIAN'S) -M.D.	PHYS	DIRECTOR	PHYS.	9.8.86	
	NAME (Type)	ne 14	_	C1-		0h	2 1/4
-						sp. Chever	3
238	C PEMOVAL (Specify)	EMETERY	OR CREMATORY	23d. LOC	ATION (City, town	or county) (S	tate)
	2-12-66 FIRM	2014	(cm.	H191	IANU /	92K 140	6
24	FUNERAL DIRECTOR ADDRESS	10.10	1 . 41	C'D BY REGIST	0.000	TRAR'S SIGNATURE	
1	1). WAShington cooks 4923 De	Anc 1	GVEND DATE	3 1 4 10	56 mla	rla Judge	
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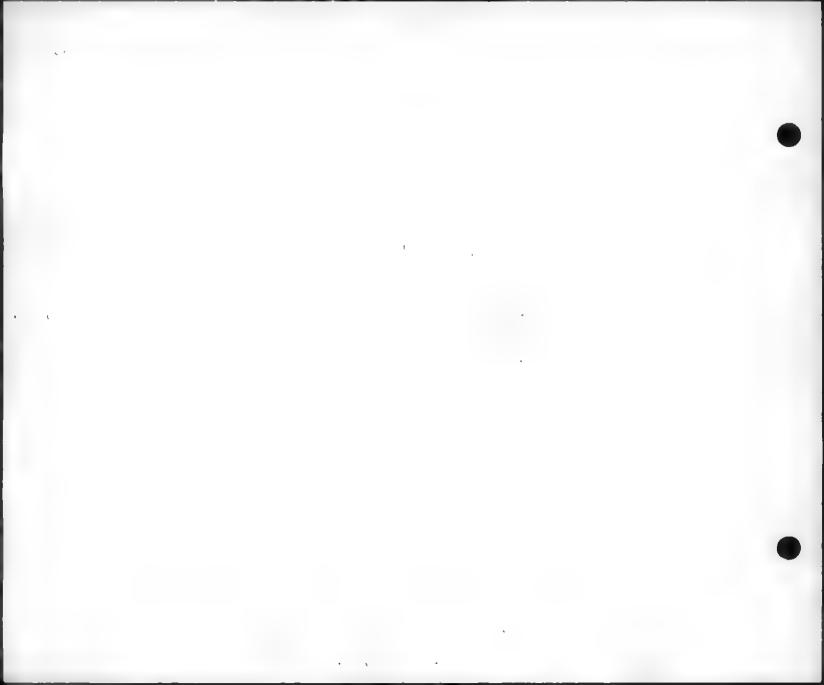
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02678 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPK PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an) o COUNTY 2, and 3 to PM3. Page Prince George MARYLAND delay b CiTY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Department C LENGTH OF STAY N Ib c CTY OR TOWN (If outside carparate in its, write RURAL and a veinearest town) Havre de Grace DOA Suitland e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) hours ong with form in pencil in Item 18. Give Pages 1, State | YES NO V Andrews AFB Hospital RFD 1 Box 212 This certificate should be executed within 24 hours ofter death 3 NAME OF 4 DATE Dov DECEASED (Type or pnnt) DEATH Erwin Rurns IF UNDER 1 YEAR 9 AGE (In years S SEX IF IINDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED last birthdoy) Haurs WIDOWED 7 April 1918 10a USUAL OCCLPAT ON (Give kind of wark dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or toreign country) 12 CT ZEN OF WHAT dwing most of working life, even if retired)
Civil Servant S. Govat U.S. any North Dakota the Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ruth Perkins Harold I. Burns AddressBox 212 Chapel IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates at service)
Yes WW II & Korean removal Mrs. Ruth L. Burns Rd. Havre de Grace, Md. 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH burial-transit Laceration of brain ā 122 / IMMEDIATE CAUSE (a)_ the ward Multiple injuries Conditions, if any, which gave rise to immediate cause (a). forworded to stating the underlying couse PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? prior to NO X Poge 4 should be 200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of term 18.) AL EXAMINER: Passenger rt front seat of car which went out of control CAUSE OF DEATH its designated agent, 20d NJLRY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) 20c TIME OF INJURY Month Day, Year 12:35m am 2 27 19 66 While Not While X Rt 301, TB, Prince George C., Md. moy be retained for your FUNERAL DIRECTOR: Poge 23. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [8], Inquiry [8], and in my opinion Notural couses 7. Accident X. Suicide Undetermined monner deoth resulted from. CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Riverdale DEPJTY MEDICAL EXAMINER X 5 moy be TO FUNERAL Health or it John Kehoe, M.D., 2-27-66 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL CREMATION (County) (Stote) Arlington, Virginia Mar. 2,1966 Arlington National ADDRESS 2847 Wilson 250 RECD BY REG STRAR 24 FUNERAL DIRECTOR TVES Funeral Home 25b REGISTRAR'S SIGNATURE

Blvd. Arl., Va.

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of CTATISTICAL DESCAPCH AND DECORDS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

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poges In any		<u>J</u> -	FATHER'S NAME		SUMMERTEE 14 MOTHER'S MAIDEN N	WEST VIRGINIA	U.S.A.
Exam File p		75	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17	MARY SHRET	Address	
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Chief Me transıt pe ı, ar rem			18 CAUSE OF DEATH (Enter only one couse per nepart i. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) He				INTERVAL BETWEEN ONSET AND DEATH MINUTES
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the funeral director. Page 4 should be forworded to the Chief Medical Examiner's 5 may be retained for your files. > FUNERAL DIRECTOR: Page 3 should be used as burial transit permit. File pages Heath or its designated agent, prior to burial, cremotian, ar removal, and in any		CERTIFICATION	Diabetes mellitus 200 EXTERNAL CAUSE WAS PRIMARY ☐ OT CONTRIBUTING ☐ CAUSE OF DEATH 20	- 18 yeras b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury n P	art I or Part II of tem 1B)	YES NO
e 4 shou our files age 3 sh		MEDICAL	20c T ME OF INJURY Manth, Day, Year Hour a.m. 20		CE OF INJURY (Home, farm tary, street, affice bldg., etc.)	20f (City or town) (C	ounty) (Stote)
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irector. Poge ained for your IRECTOR: Pa designoted	•		. 1 1	s 🗷, Accident 🗌, Sui	tide , Hamicide CHIEF MEDICAL E		 '
e funerol director. Page 4 may be retained for your FUNERAL DIRECTOR: Page earth or its designoted age			ACTUAL SIGNATURE	Are	art.D.	CAL EXAMINER	22. DATE SIGNED
the funero 5 may be 0 FUNERAL Hearth or			NAME (Type) John Kehoe, M.D.		Address (Street,	city, tawn, ar county)	2-11-66
TO TE		230	BURIAL (REMAIN) REMOVAL (Specify) BURIAL 23b DATE THEREOF 2/14/1.966	23c NAME OF CEMETERY OR	CREMATORY EMORITATE CEMEN	23d LOCATION (City of Town)	(County) (State)
VR A15ME (5		24	FUNERA. DIRECTOR Carrell & Hype	and Address	25a_ REC D	BY REGISTRAR 2Sb REGISTRAR'S	S GNATURE
6M 1766		1	IARTIN & HESONG COLPAND	2300-N.ST.N.W.	VASH.D. OATELD	1.1 1966 John	les Judge

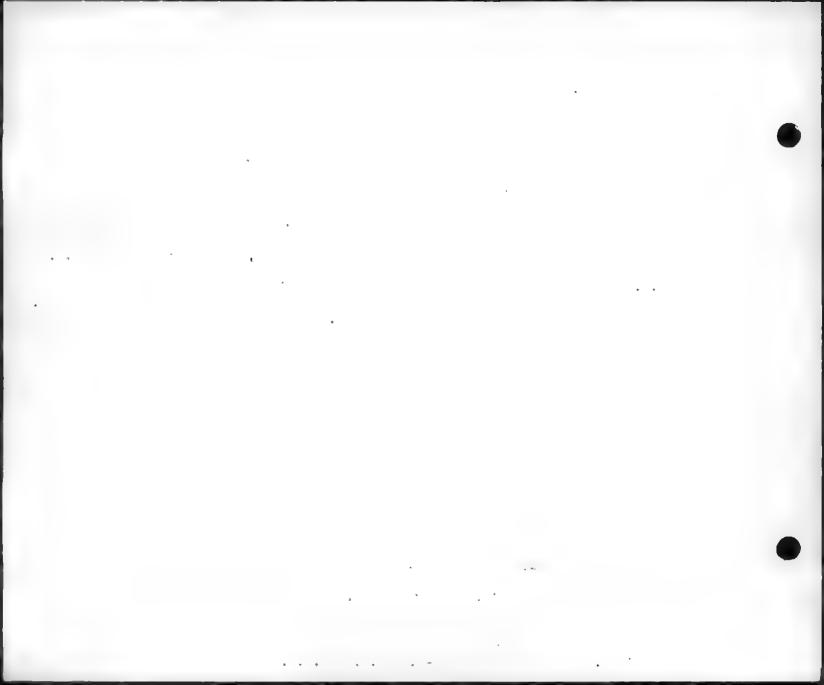
FOR STATES

PM3. Poge

d within 24 hours ofter death. If cny deloy is in pencil in litem. 18. Give Poges 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death

necessary, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

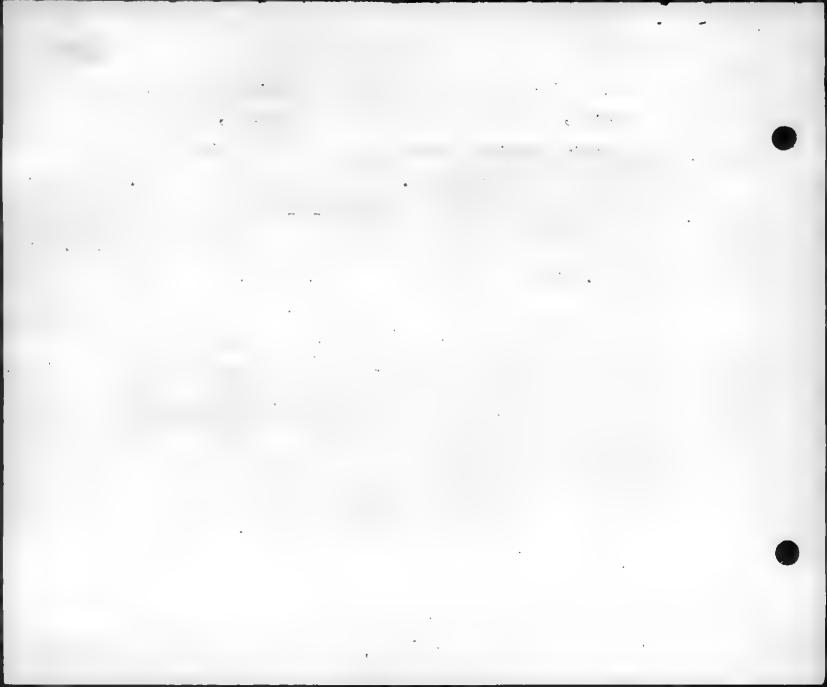


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

•	DIVISIO	N OF STA	TISTICAL	RESE	rland Stat Arch and Re	E DEI CORDS		HEA N STR		ALTIMOR	RE 1. N	/ARYL	AND	
	02680				CERTIF	ICATI	E OF DEATH		, .		f	125	42	
1.	PLACE OF DEATH	1				1	2. USUAL RESIDENCE	E (Where	deceased			esidence	before a	mission)
		George	s Coun	ty	MARY	rtand	a. STATE Marvlar	nd		b. COUNT		Geor	ges	
	b. CITY OR TOW write RURAL	and give nea	rest town)		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF				e RURAL	end giv	e neare:	it town)
	Riverd	ale, Ma	ryland		spital, give street a	44	Beltsvi	lle,	Mar	yland		16	_ /	ID FINOR
					ospital, give street a Hospital	address)	d. STREET ADDRESS 4502 Ya	+	Dand			0.	ON A	FARM?
3.	NAME DE	retaile	First	Tal I	Middle					Marih			ES	NO KOK
٥.	DECEASED (Type or print)		_	rett	E.		Last Calvin	4. DA	ATH	Month Feb	_	Day 13	Ye:	
5.	SEX	6. COLOR OF	R RACE 7. 1			0 🗆 🗆	DATE OF BIRTH	DE	9. AGE	(In years)				
	Male	White		IDOWED	DIVORCE		5-21-1890		last 75	birthday) yrs.	Aonths	Days	Hours	Min.
10a	. USUAL OCCUPAT	ION (Give kind	of work done	10b. KI	IND OF BUSINESS OF	R	11. BIRTHPLACE (Co	ounty & St	ate, or for		12. C	ITIZEN C	F WHAT	1
	Denze	p	11 10 110 03	F	ibustry learse		Ohio					.S.A		
13.	FATHER'S NAM	E					14. MOTHER'S MAID	EN NAMI					-	
	Elmer P						Alice F	ranki	.e					
	. WAS DECEASED E s, no, or unknown)				SOCIAL SECURITYNO		INFORMANT			Address		Ιţ		43
	10 04105 051	DEATH VE-1-					ssie T. Cal	vin-	vire-	same a	addre			
		ATH WAS CAL	USED BY.	ise per ii	ne for (3), (b), end (c).]		1/1	fi				VAL BE	
	527	IMMEDIATE			1 rech	<u>ધ ધ્ય</u>	4/4-6	my	7 02	0				7
	Cenditions, If		DUE TO	•	Evlen	25	2 Frime	44	Tác.	Jum	5/2	12/61	1_	15 AN
	gave rise to cause (a), st		DUE TO	***************************************	2 10		4:	1-	10		0			
_	underlying caus	e last.	(c)		Es un ptr	07-2	ena U	W74	0	max	2-			
AT10	PART II. OTHER S	IGNIFICANT C	ONDITIONS	ONTRIBU	TING TO DEATH BUT	MOT RELA	TED TO THE TERMINAL D	ISEASE C	ONDITIO	NGIVEN IN P.	ART I(a)		WAS AU PERFOR	
INIC.	20a. ACCIDENT	WAS HIMDED!	VINC 🗆	20h B	ESCURPE HOM MIN	DV OCALL	DDER (Calor polyro of	Infrari Ir	Dort I a	V Doct II of	liam 10	YES		NO 🗌
CERTIMICATION	OR CONTRIBUTI (IF EITHER, NOT	NG CAUSE	OF DEATH EXAMINER)	200. 0	ESCRIBE HOW INSU	KT OCCU	RRED. (Enter nature of	Injury II	Partio	r Part II of	Item 18	- <i>j</i>		
MEDICAL	20c. TIME OF I		th, Day, Year			20e. PLAG	E OF INJURY (Home, fary, street, officebldg., et	rm, 201	. (City	or town)	(Cou	inty)	(5	(tate)
MEC	p.n		19	While at work	Not While at work									
	21. I certif	y that (I) (th	is hospital)	attende	d the deceased f			1230			., 19©			ie) last
	saw the dec	eased alive	on Jak	13	196,	and that	death occurred at§	<i>.20</i> 4M,	from th	e causes a		he date		above.
	220. 310111191	ils and ha	. 4.	3	moel	44.0		MED. DIRECTOR	□ S	TAFF HYS.	7	/ >.	-65	
	22c. PHYSICIA NAME (Ty			1		M.D.	22d. ADDRESS	- Y		11-	70-	10.	1/	
23a	. BURIAL, CREM	ATION 1 23h	DATE THER	י מלב /	23c. NAME OF C	ENSCREDY	OR CREMATORY	23d.	LOCATIO	ON (City, toy	15	(DA)	101	ate)
200	REMOVAL (Spe	mt.Co.A	16/66	LV1	Sardinia		ial Park	250.		inia,		en (3)	(0)	uit)
	FUNERAL DIRE	-			1 3 APPRESS	vill	e Dike25a_REC	'D BY RI	GISTRAR	25b. RE		S SIGNA	TURE	
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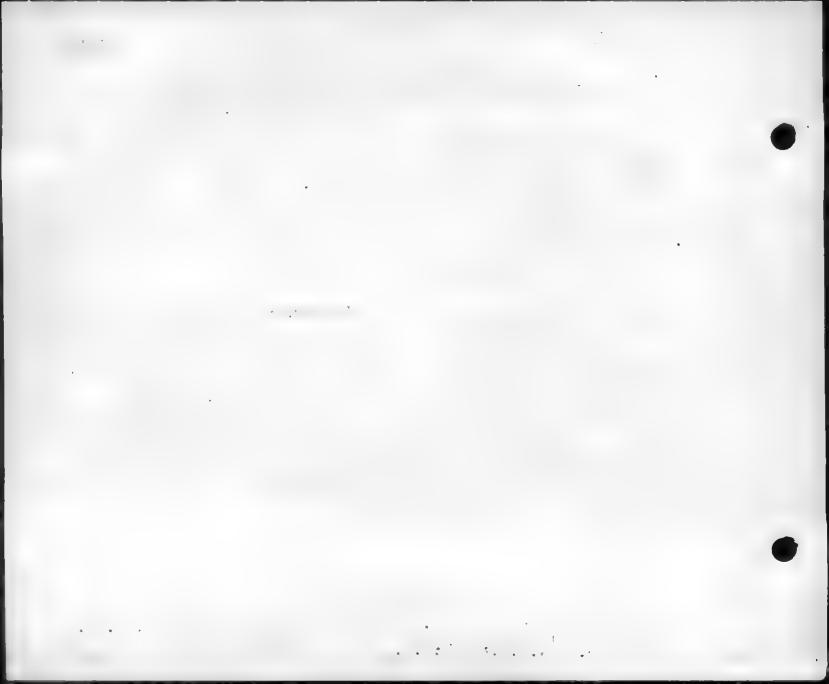
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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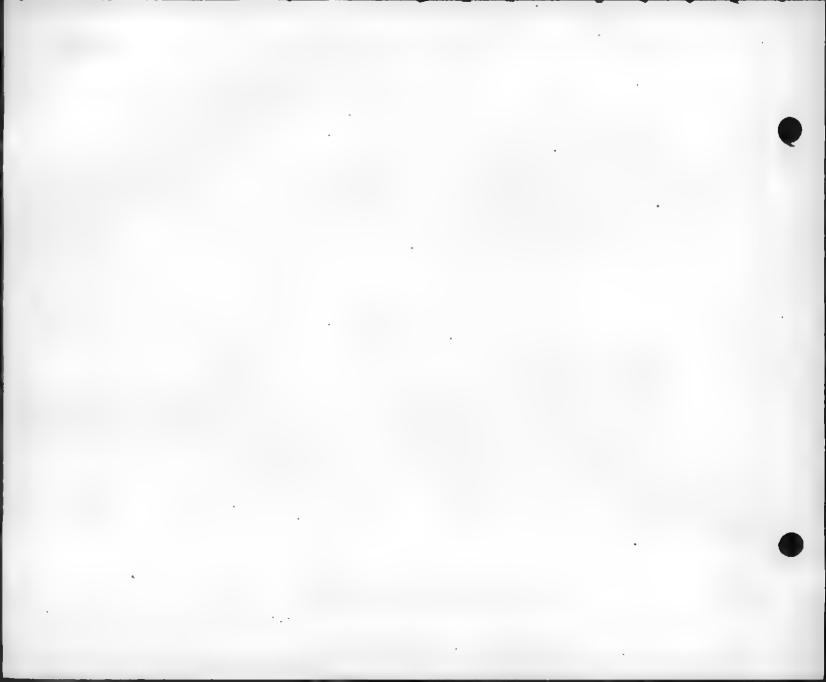
OR OF THE PROPERTY OF THE PROP	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If instriution: Residence before admission)
COUNTY	a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	G. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	C. OLT OK LAMM (II ANTOIGN COLDUNG HUNCH AND BLACK ON A
Hyatts Ville latis, Lo Februich	Washington D.C. +
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Hyattsville Nursing Home	2755 Mc Comp St. N.W. YES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF 500 12 2000
The state of the s	COLEY DENIN 1-0 130-
5. SEX 6. COLUR DR, RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months Days Hours Min.
Temple White WIDOWED DIVORCED	1-6- 1890 .75 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
God. Worker	washington DC. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ilas T Paray	11.10
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	UNKNOWN Address Wash Di
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war opdates of service)	1051.UC
- A	nna & Carey, 5415 Conn. Ave Nav.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Respiratory	7
IMMEDIATE CAUSE (a)	must mins
Conditions, if eny, which I Due To Brunchespr	10 Dem
gave rise to immediate	1000-15
cause (a), stating the DUE TO	least to the state of the
underlying cause last. (c) La lancona / Co	our pills met closes Jul.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE CONTRIBUTION OF THE CONT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I CA	YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 at work at work	y, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital), attended the deceased from 1	et 6 , 1966, to Feb /2 , 1966, that (1) twee last
	death occurred at 5 7 M, from the causes and on the date stated above.
22a. "SJGNATURE	22b. DATE SIGNED
Harefile. Draper M.D.	ATTENDING MED. STAFF PHYS. D 7 12 1966
22c. PHYSICIAN'S	1 22d. ADDRESS
NAME (Type)	911 S. Pier Spre Ore S. Lie sing
23a, BURIAL CREMATION, 23b, DATE THEREOF 1 23c, NAME OF CEMETERY	
REMOVAL (Specify)	
	Cemetery washington, D. C.
Joseph Gawler's Sons wing ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5130 Wisc. Ave. Nons, Wash. D.C.	1 16 19561 Harley Judge

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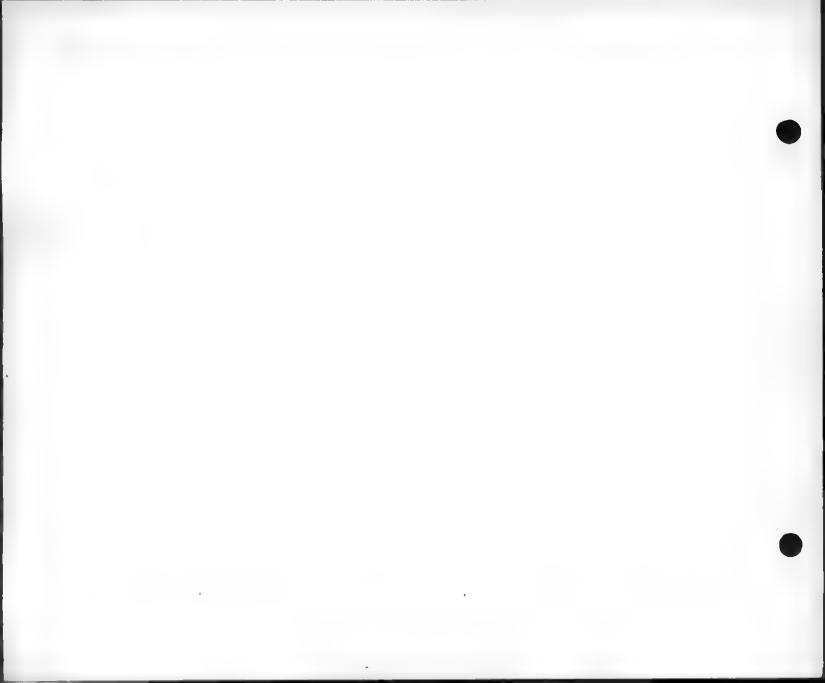


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, COUNTY b. COUNTY d in by the first. Pages 1.2 hours after after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Write RURAL and give nearest town) hours 19 1/2 hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS e. IS RESIDENCE ON A FARM? vithin 72 h 0 No X YES __ within > 0 NAME OF 241121.2 3. First Middle DATE Last Month Year **OECFASED** OF and comple remove carb rany event. (Type or print) 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIEO X NEVER MARRIEO last pirthday) | Months | Days Hours WICOWED DIVORCED .= 10a. USUAL DCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? EVENING STAR RINTER EW ORK certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph remova ILSON RER AIRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.) 17. INFORMANT transit permit. death (Yes, no, or unkown) (If yes give war or dates of service) HAZEL the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND CEATH á al-trans PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. has been signed to as the burial-transprior to burial, cra IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? certificate CERTIFICATI NO IN YES this certury detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **PHYSICIAN**: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY Home, farm, I 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While at work ATTENDING p.m. 19 at work DIRECTOR: A age 3 should fled with the 3 should 21. I certify that (i) (this hospital) attended the deceased from 19 and that death occurred at 1 . A. M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22a. 22b. OATE SIGNEO page ATTENDING PHYS. MEO. DIRECTOR STAFF PHYS. 01 M.D. TO HOSPITAL Page 4 may ТВУ TO FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, LOCATION (City, town or county) 23b. DATE THEREOF 23c. OR CREMATORY (State) REMOVAL (Specify) NCO FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S

VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY 2, and 3 to PM3. Page b. COUNTY 0 death. Prince George's Prince George's MARYLAND delay State Department b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) after (Cheverly Laurel DOA d NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS haurs alang with farm 8 Give Pages 1, Prince George's Hospital 8202 Gorman Avenue 3 NAME OF 4. DATE Middle Lost within 72 DECEASED OF DEATH the (Type or print) S SEX 6 COLOR OR RACE IF UNDER YEAR FUNDER 24 HRS 7. MARRIED 8 DATE OF BIRTH 9. AGE (n years NEVER MARR ED los (mrhdoy) Months Hours white 6 Nov. 1897 event 1Do USUA, OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working fe, even if retired)
Mechanist INDUSTRY COUNTRY? in any Penna. ward 'pending' in pencil i the Chief Medical Examine 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Caroline Rummage Thomas Caton E G and Address Povir 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT .id. (Yes, no, or unknown) (If yes give wor or dotes of service) remaval, irs. Joseph Hamn Yes None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c))
PART I DEATH WAS CAUSED BY:
Heart, f Heart failure Ь IMMEDIATE CAUSE (o) This certificate shay d cremation, DUE TO Cond i ons, if ony, which gove Arteriosclerotic heart disease yrs. icate, writing the beforwarded to t rise to immediate couse (a), **DUE TO** stating the underlying couse 0 burial, a PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS CERTIFICATION PERFORMED? necessary, please execute the certificate, 10 NO 6 2Do EXTERNAL CAUSE WAS prior 1 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Part I or Port II of Item 18.) 3 should PRIMARY - or CONTRIBUTING -4 should O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH 5 may be retained far yaur files TO FUNERAL DIRECTOR: Page 3 sh Health ar its designated agent, 2Dc TIME OF INJURY Month Day Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) Hour om While Not While foctory, street, office bldg etc.) may be retained for your FUNERAL DIRECTOR: Page of work at work the funeral director. Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1c. Inquiry X. and in my apinian deoth resulted from. Natural cooses Suicide | Undetermined monner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** hn Kehoe, M.D Raine and die www. of county) NAME (Type) 23d LOCATION (City or Town) 230 BUR AL, CREMAT ON NAME OF CEMETERY OR CREMATORY (Stote) Arlington Natl. Arlington, Va. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Let Fineral "limber Lashin; ton, 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Č.

FOR STATE	0268
HEALTH DEPT.	PLACE OF DEAT

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09000

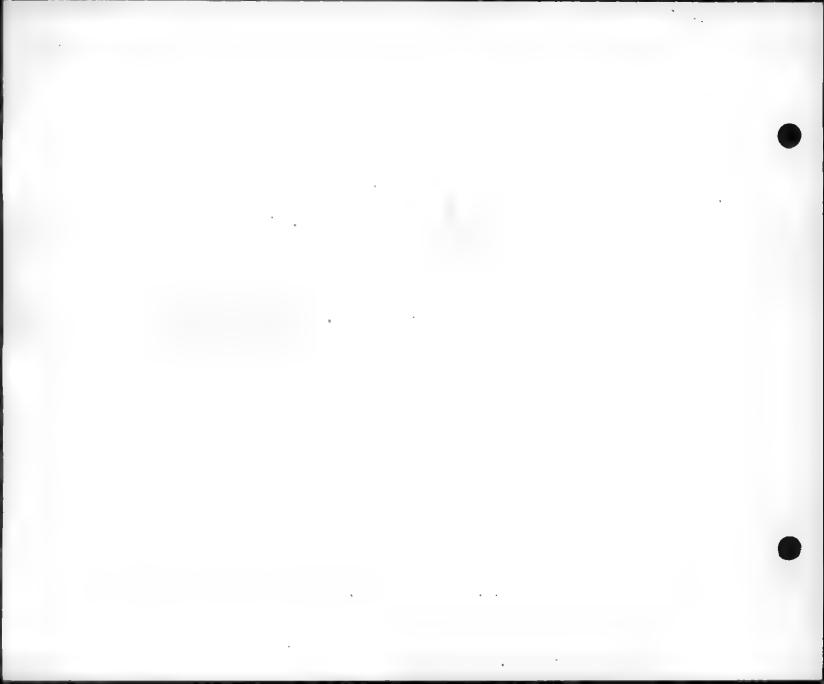
	06003	•	EDICAL EXAMINER 5	CERTIFICATE O	PEAITI	06002
V	PLACE OF DEATH				Yhere deceased lived, if institution: Resid	ence before admission)
	a COUNTY Prin	nce George's	MARYLAND	o SIATE Maryland	b. COUNTY Prince G	eorge le
	b CITY OR TOWN (I	f autside corporate limits,	c LENGTH OF STAY IN 16		tside corporate fimits, write RURAL and g	
	Chever	give nearest tawn)	DOA	Lanham		16 . 1
-		AL OR INSTITUTION (If not in hasp		d STREET ADDRESS		e IS RESIDENCE
1				6626 12-2-	an Chanak	ON A FARM?
	NAME OF	orge General Ho	M.ddle	6636 Adria	4 DATE Month	Day Year
	DECEASED (Type or pnnt)				OF	
5	SEX	Etta. 6 COLOR OR RACE 7, MAR	Viola Clemme	ONS ! B. Date of Birth	9. AGE (In years IF UNDE	25 1966 R I YEAR IF UNDER 24 HRS
L		TAMES OF TAMES.	WED X DIVORCED		last birthday) Months	
	ema le	111111111111	Ob. KIND OF BUSINESS OR	13 Feb. 1889	or foreign country) 12	CITIZEN OF WHAT
du	ring most of working Self-e	lite, even if retired)	INDUSTRY	1	(2	COUNTRY?
	SOLI - O	mproyed	Real Estate	Maryland 14. MOTHER'S MAIDEN N	JAMAS	. a. A.
13		D				
10		Boone	1. (00(4) (17) 079(4)0	Charlott		
(X	es, ng, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes of service)		NFORMANT	Address	
	No				ne Throne (above	
		ATH (Enter only one couse per lin	17: 11:	(1	Daughter)	INTERVAL BETWEEN
	FARI I DEAL	IMMEDIATE CAUSE (a) HE	eart failure			MITHERS
	4200					
	Conditions, if any,	e couse (a)	teriosclerotic he	eart disease	3	6 years
	stating the under					
	last) (c)				
N.	PART II OTHER 5	GNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CATTE						YES NO K
CERTIFICATION	20a. EXTERNAL CA PRIMARY □ ar COI		DE DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in I	Part I or Part II of Item 18.)	
	CAUSE OF DEATH	TI VIDUINU L				
MED CAL				E OF INJURY (Hame, farm		ounty) (State)
ME	Haur on	2.0	While Not While factors work at work	ory, street, office bldg , etc)		
			remoins described abave, he	ld an Autopsv 🗀	Inspection 🔀 Inquiry 🔀	ond in my opinion
	deoth result	•		ide . Homicide	Undetermined manner	
		1 //		CHIEF MEDICAL		
	ACTUAL SIGNATURE	(Johns /	etol		ICAL EXAMINER	22. DATE SIGNED
	************	1			L EXAMINER	
	NAME (Type)	Mn/Kehoe, M.D.	Riverdale, Md.		, city, tawn, ar county)	2-25-66
23	o. BURIAL, CREMATIO		23c. NAME OF CEMETERY OR (23d LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify)		Fort Lincol		Colmar Manor,	Md.
2	4 FUNERAL DIRECTO			inier 25a RECD	BY REGISTRAR 256 REC. STRAR S	SIGNATURE
	Funeral	Home Inc.	Marvland	DAMAR	? 2 1966 Jalian	les Judge

VR A15ME (5)

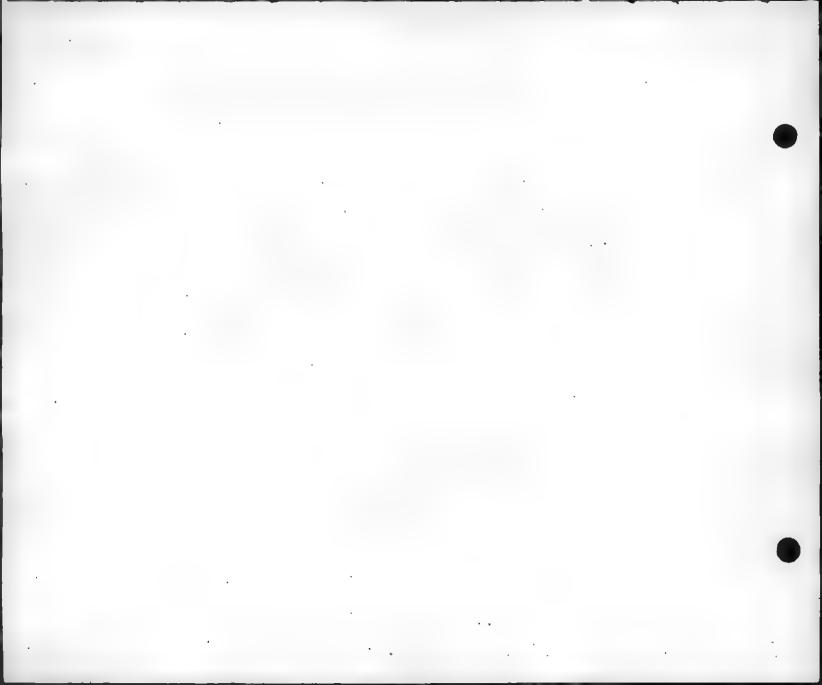
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death 1f any delay is necessary, please execute the certificate, writing the ward "pending" in gencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief medical Examiner's Office along with farm PIM3. Page

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or remaval, and in any event with 72 haurs after death.

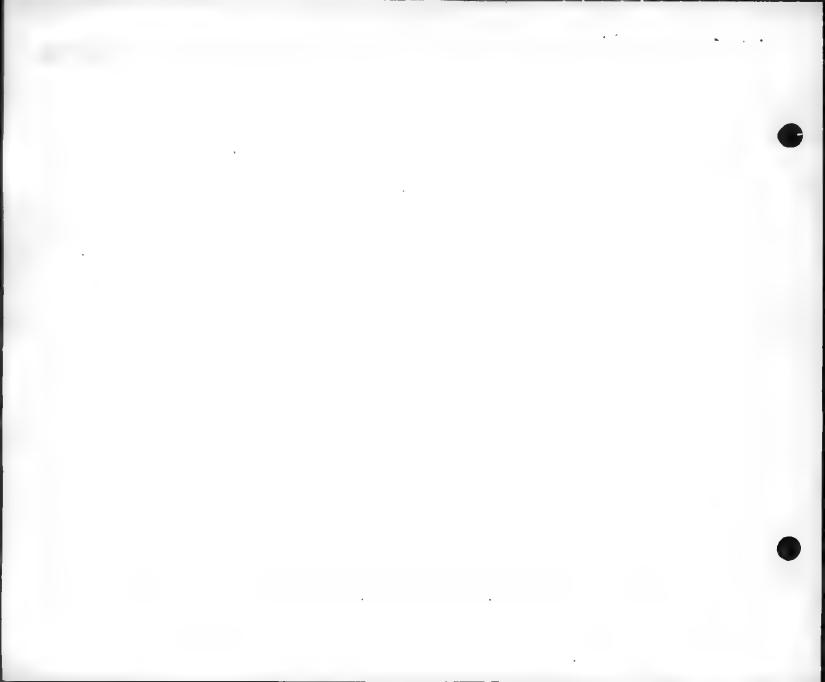


MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02686 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finistitution Residence before admission) COUNTY b. COUNTY 2, onu p. PM3. Page Prince George's 0 Marwland deloy is Prince George s

b (TY OR TOWN (If ourside corporate in ts, write RURAL and give neorest fown) death MARYLAND portment c CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town) c LENGTH OF STAY IN 16 Bershire Suitland three days d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS e IS RESIDENCE in Item 18. Give Poges 1, ir's Office along with form ON A FARM? hours 74.19 Merritt : treet e Stote I 72 hour Suitland Nursing Home YES NO X 24 nours after death 3 NAME OF 4 DATE Dov DECEASED (D) DEATH 18 19 66 T. (Type or print) Alice H. Cranford February 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED est birthday) Months Dovs Hours Lay 19, 1881 white WIDOWED X event female D VORCED and 2 12 CITIZEN OF WHAT 11 BIRTHPLACE (Stote or foreign country) 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY dny Maryland
14 MOTHER'S MAIDEN NAME H.S.A housewife domestic e, writing the word "pending" in pentil in forworded to the Chief Medical Examiner's 13 FATHER'S NAME This certificate should be executed within Anna E. Unknown Gardner E 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? permit or removal. (Yes, no, or unknown) (If yes give wor or dates of service Charles F. Cranford Same as Item #2 1B CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Heart Failure necessary, please execute the certificate, writing the word cremotion, DUF TO Conditions, if any, which gave " (b) Arteriosclerotic Heart Disease over 2 years rise to immediate couse (a), DUE TO stoting the underlying couse 0 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) NO X agent, prior to 4 should be 20p EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 1B.) PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) ((ounty) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg, etc.) While Not While 5 moy be retoined for your 10 FUNERAL DIRECTOR: Page Health or its designated age of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X. and n my opin, an death resulted from. Noturo Couses XI Suicide . Homicide | Undetermined manner the funeral director Accident CHIEF MED CAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY 2-19-66 DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) John Address (Street, city, town, or county) choe .I.D., Riverdale, Md. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION REMOVA (Specify) Feb. 21-1966 Cedar Hill Cemetery Suitland nd Md 256 REGISTRAR'S S GNATURE 24_FUNERA, DIRECTOR ADDRESS RECD BY REGISTRAR ons bros. 1661-Cood Hope Rd SE., Wash DC VR A15ME (5) 1966



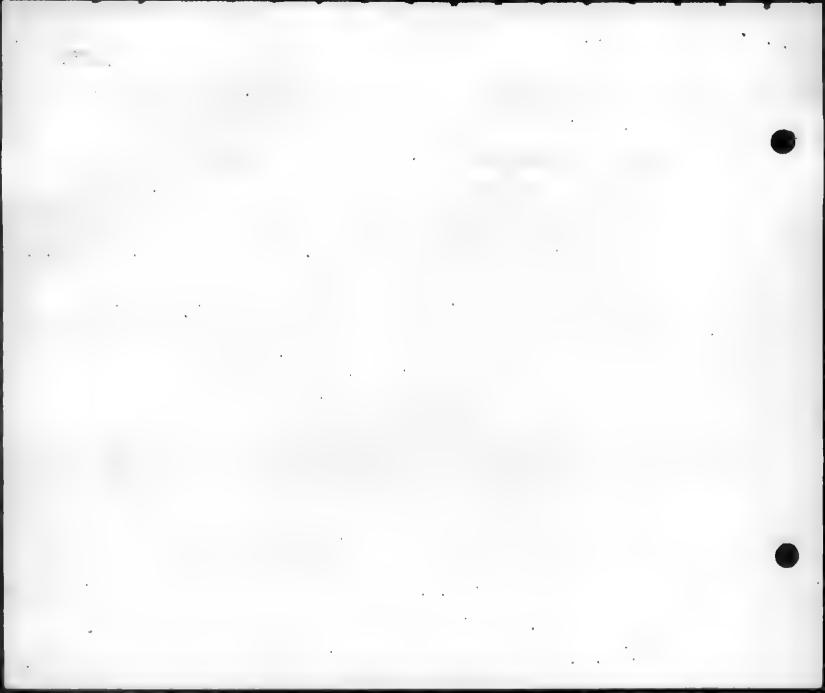
TO SPITE OR STEEDING ENYSIGNMENT THE law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the hospital of attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

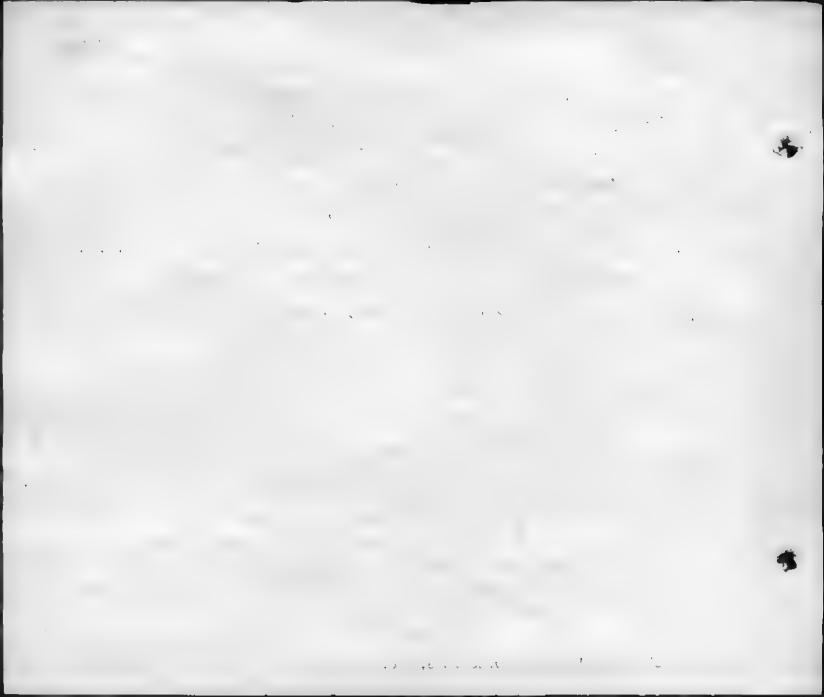
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE Maryland b. COUNTY Pr. Georges
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
Suitland 2 Weeks	Suitland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	4000 Swittland Road YES NO IC
3. NAME OF FIRST MIDDLE	Last 14. DATE Month Day Year
DECEASED	OF 77 0 0/
S SEV Y MARKET	B. OATE OF BIRTH 1991, 19. AGE (IN YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS.
J. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1884 9. AGE (IN YEAR) I UNDER LYEAR IF UNDER 24 HRS. I last birthday) Months Days Hours Min.
WIOOWED DIVORCEO	9/2/10383 81 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Dechanic -Cedar Hill Cemetery	St. Mary's County, Ad. U.S.G.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gusick	Lucy Caywood
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT 4000 Suitland Rd.
	ily Cusick Suitland, Maryland
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
DUE TO	08
Conditions, if any, which) (b) (accumoma	- of Jung- Il
gave rise to immediate	
radalular access leet	,
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TE	PERFORMEO? YES NO ST
20a. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIGIOUS CONTRIBUTING TO DEATH BUTNOT RELIGIOUS CONTRIBUTION OF CONTRIBUTION OF CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	made (anti-matery of injury in core ; or energy of feeting 201)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While facto	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) this hospital attended the deceased from	1966, to 1426, 1966, that (1) (We) last
saw the deceased alive on 19 6 and tha	death occurred a8:50F, from the causes and on the date stated above.
228. SIGNATURE TO A PLANTAGE T	ATTENDING MED. STAFF 220. DATE, SIGNED
22c. PHYSIQIAN'S M.C	D. PHYS. DIRECTOR PHYS. 1 2/26 6/66
NAME (Type) 0 - 0 - 0 - 0 - 0 - 0	5203 Silver Hill Rd., Suitland, Ind
your stay, III. D.	The state of the s
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S	
Burlal [Mar. 1st 1966] Cedar Hill C	emetery Suitland Maryland
24 FUNERAL DIRECTOR CLOSE. ADDRESS	25aREC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Si. Lions Bros. 1661-Good Hope Rd SE Wash	DC OMMAR 1 1956 worles Judge

VR #15 (4)



Francis Gasch's Sons Hyattsville, Md.

VR A15 (4)



3-1 M

10 HOSPITAL OF ATTENDING PHYSIC IN: The law requires that the Teath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death, MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	- ロスしでも			CERTIFIC	ATE	OF DEATH	1			02657
1.	PLACE OF DEAT	H			2	. USUAL RESIDENCE	CE (Where d	eceased lived, If inst	itution: Re	sidence before admission)
a. COUNTY Prince George			MARWIAN		a. STATE b. COUNTY					
		N (if outside corporat and give nearest tow		c. LENGTH OF STAY IN		CITY OR TOWN (IF	arylar outside co	10 orporate limits, wri	te RURAL 8	nce George and give nearest town)
					_	Riverda	le			16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			.	Riverdale d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
_	Prince C	George Gen				5507 Mad			ot 201	YES NO
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE			Day Year
_	(Type or print)	Gertru		Elizabeth		niels	DEAT	3. 0 0 0		19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO] 8.	DATE OF BIRTH	9	last birthday)	FUNOER 1	YEAR IF UNDER 24 HRS.
F	emale	White	WIDOWED	DIVORCED		May 30, 1	911	54 yrs.	Monuis	lays nours will.
1D:	a. USUAL OCCUPAT ring most of work	ION (Give kind of work ing life, even if retire	done 10b. Kl	INO OF BUSINESS OR NOUSTRY		L1. BIRTHPLACE (C			12. CIT	IZEN OF WHAT
_	Housewi		(Own Home		Washingt		С.	U.	S. A.
13	. FATHER'S NAM	E			14	4. MOTHER'S MAIC	DEN NAME			
	Herman	Charles W	Lieneck	re		Minnie O	. Sac	hs		
15 (Y	. WAS DECEASED !	Charles W EVER IN U.S. ARMED FO (If yes give war or dates o	RCFS? 16.	SOCIAL SECURITYNO.	17. INF	TAMANT		Addres	S	
_r	10			0_38 5057	Will	liam E. D	aniel	s Same a	as #2	(Hushand)
	18. CAUSE OF	DEATH EEnter only on	e cause per li	ine for (a), (b), and (c).						INTERVAL BETWEEN ONSET AND DEATH
	PART J. OF	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	telopic L	on	-6				OHSEL WHO OFFILE
	. 11			7		n P				
	Conditions, If	DOL	- /	circlean 1	1	The herr	-			
gave rise to Immediate										
	cause (a), si underlying caus	rotting the								
S		- · · · · · · · · · · · · · · · · · · ·	(c) Ons contribu	ITING TO DEATH BUT NOT	RELATEO	TOTHETERMINALI	DISEASE CO	NOJTJON GIVEN IN F	ART 1(a)	119. WAS AUTOPSY
Ä										PERFORMEO?
Ĕ	2Da ACCIDENT	WAS UNDERLYING [7]	L 2Db C	ESCRIBE HOW INJURY	neclipps	Cater nature of	Inlury In 1	Part I or Part II of	Itom 19	YES NO V
CERTIFICATION	OR CONTRIBUTI	ING [] CAUSE OF DEAT TIFY MEDICAL EXAMIN	TH NER)	CSURIDE HOW HEADER	DOCUME	.D. (Enter nature of	HIJULY III F	raft i of Fait II of	Hem 10.)	
MEDICAL		INJURY Month, Oay,	Year 20d. If	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, fa	rm, 20f.	(City or town)	(Coun	ty) (State)
8	Hour a.n		While	Not While	ractory, s	treet, office bldg., e	(C.)			
2				ed the deceased from	Te	b- 10 11	9 <u>206</u> to	12-23	1966	that (I) (v/e) last
		ceased alive_qn	2-2	3 / /		ath occurred at			and on the	e date stated above.
22a. SIGNATURE 22b. OATE SIGNED										
		1 No	1		M.D.		MEO. OIRECTOR	STAFF PHYS.	2,	23,661
	22c. PHYSICIA NAME (T)			DEITZ		22d. AODRESS	Luce	6.20		
238	BURIAL, CREM	IATION, 23b. DATE I	HEREOF	23c. NAME OF CEME	TERY OR	ACK BURGOUBY	, 23d. L	OCATION (City, to	WIT OT COUR	ity) (State)
	REMOVAL (Spe Burial	Feb 26.	1966	Prospect I	1411		. 17	shington		**
24	24. FUNERAL OIRECTOR AODRESS 25a. REC'O BY REGISTRAR'S SIGNATURE									
	F. Gasch		Hyatts	ville, Md.		mmn)	57 0 4	2/	J.	Cudge.
			0 0 0			DETAO	40 1	350 / 11	7,	1 1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF GEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence pefore admission) o. COUNTY b. COUNTY Page 70 death. Prince George's Hontgomery MARYLAND Department b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 1b c CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest tawn) gud write RURAL and give nearest town) Silver Spring Riverdale DOA d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE farm hours ON A FARM? pencil in Item 18. Give Pages Chamber's Funeral Home 2352 Glenmont Circle, Apt. This certificate should be executed within 24 hours after death 3. NAME OF Middle DATE DECEASED Davis OEATH (Type or print) olang S SEX AGE (n years IF UNDER 1 YEAR ELNDER 24 HRS 6 COLOR OR RACE B. DATE OF B RTH 7 MARRIED NEVER MARR ED lost birthdoy) Months WIDOWED DIVORCED 3-13-1922 Office and 2 event 10o USUAL OCCUPATION (Give kind of work done IOD KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired).
SHEET METAL WERKER INDUSTRY COUNTRYS any Chief Medical Examiner's WADDELL METAL GO MICHIGAN 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME \subseteq BELLGARDT FRANCES 17 INFORMANT 16. SOCIAL SECURITY NO. 1600 RANBOLPH ROND LECNARD J. DAVIS ar removal, (Yes no, ar unknown) (If yes give wor or dates of service) 578161541 SILVER SPRING, MD CAUSE OF CEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) Evisceration e, writing the ward forwarded to the Ch burial, crematian, DUE TO Conditions, fony, which gove (b) And multiple injuries minutes rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CERTIFICATION certificate, NO 2 20o. EXTERNAL CAUSE WAS PRIMARY EFOR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item IB) its designated agent, prior 3 should shauld JECAL EXAMINER: CAUSE OF DEATH Driver of auto struck by train 20c TIME OF N.LRY Month, Day, Year 20e PLACE OF INJURY (Home, form, Peltsvire. Md(County) (Stote) Rour om While Not While foctory, street office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page Page / 6:52ampm 2-24- 19 66 ot work B&O Railroad crossing, Odell Rd. near Rtl ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspect on 😿 Inquiry x and in my apiniar the funeral director. death resulted fram Accident X Suicide 🗌 Natural causes. Hamicide Undetermined 'manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Kehoe, 11.D. Riverdale. Md. 2-24-66 Address (Street, city, town, or county)

23b DATE THEREOF

28 FEB 1966

BURIAL CREMATION,

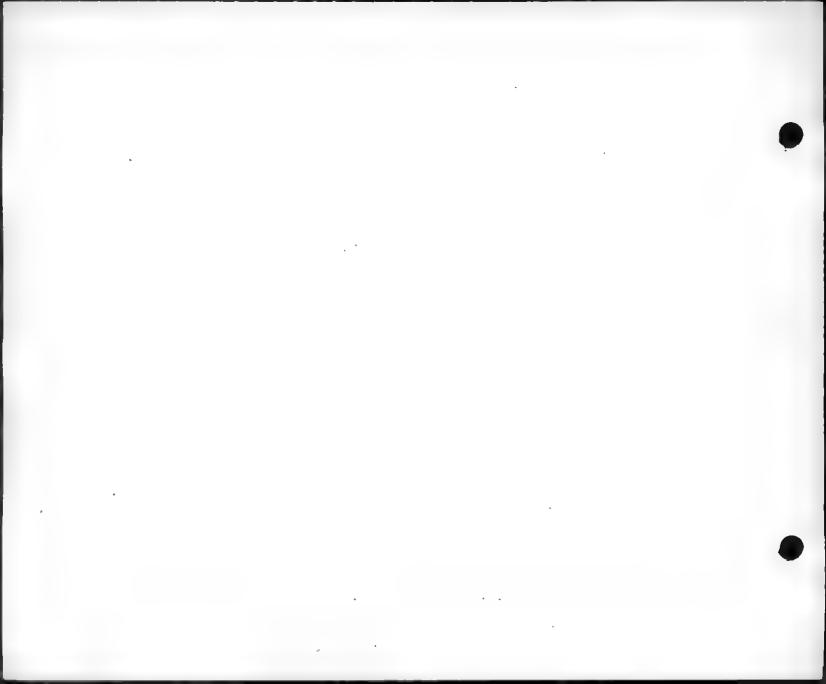
VR A15ME (5) 6M 1/66

S O

230 NAME OF CEMETERY OF CREMATORY AL 24. FUNERAL DIRECTOR W. W. Chambers to Riverdale, Maryland

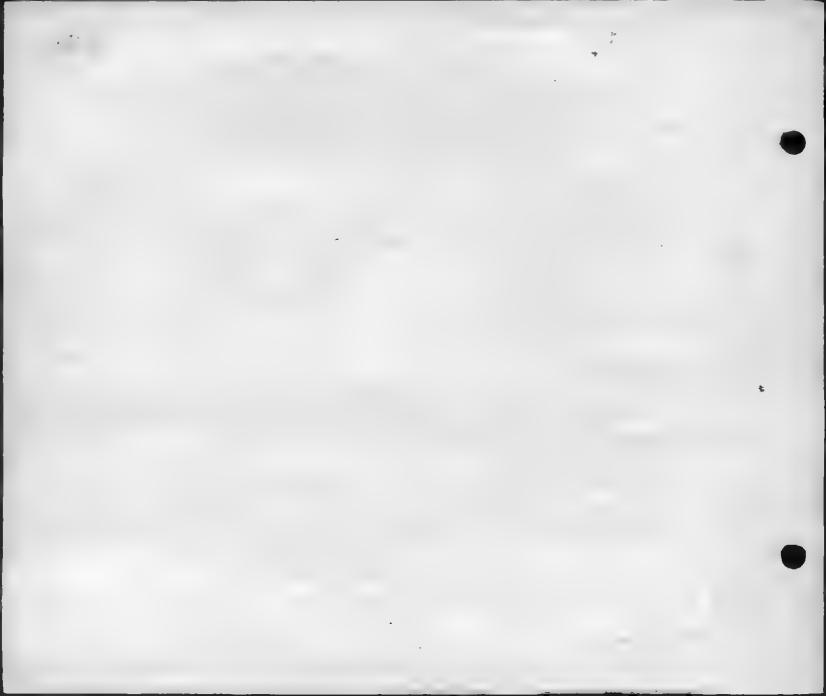
ARLINGTON, V

((ounty)



W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) B. COUNTY hours by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) .⊑ Pages filled i HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE MADISON MANGE NUPERUG hours ON A FARM? YES NO completely papers. n 72 ho 3. NAME OF Year DATE DECEASED OF (Type or print) OUISE DEATH ATHERIUE 19 6 ¥ithii carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months Days WIDOWED -DIVORCED certificate prysician e remove 940 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY & State, or foreign country) dane during most of working life, even if retired) MASHING TON Then 15. WAS DECEASED EVER NU.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ģ ONSETJAND DEATH ö PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. (c) the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19. WAS AUTOPSY certificate CERTIFICATION S 0 PERFORMED? YES NO DE USe prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Pol OR CONTRIBUTING | CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Stata) Month, Day, Year While Not While factory, street, office bldg., etc.) Hour a.m. at work at work p.m. DIRECTOR to 2-13 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from................ should | | State D 1966..., and that death occurred ab 105.4 M, from the causes and on the date stated above saw the deceased alive on. ... may DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed 238. BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2/15/66 CEM. CEDAR HILL CITLAND REC'D 8Y REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE es Funeral Home

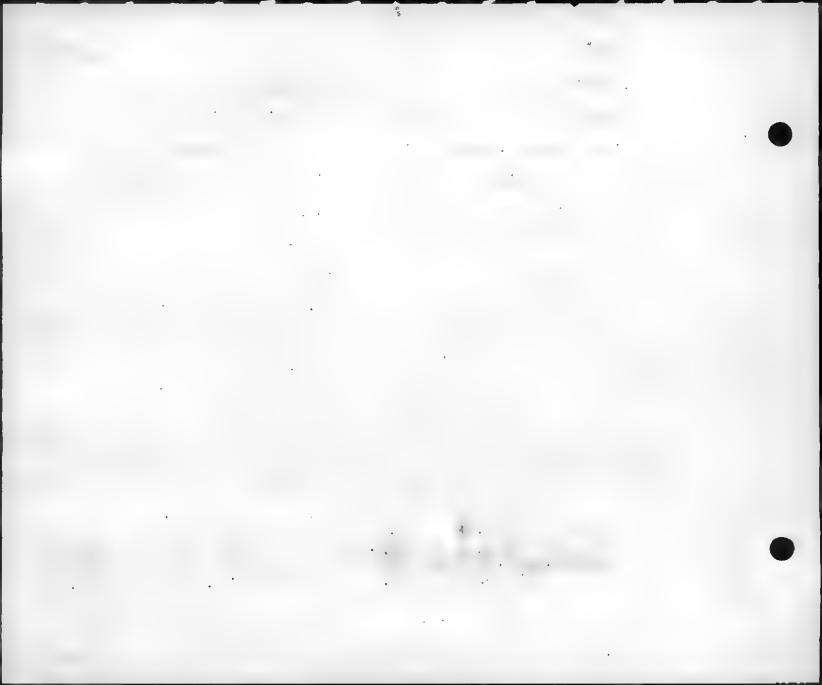
DYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI

	DIAIZIO	N UF STATISTICA	L KESE				BALLIMUKE I, M	IAKTLAND
	02691			CERTIFICAT			1	2011
1.	PLACE OF DEATH a. COUNTY							esidence before admission)
		George's		MARYLAND	a. STATE Marylar	br	b. county Prince	George's
	b. CITY OR TOWN	N (if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat		and give nearest town)
	Chever	lv		8 days	Capito	l Height:	S	į
			(If not in ho	spital, give street address	d. STREET ADDRESS			ON A FARM?
_		George's Ge				st Avenu		YES NO 🔀
3.	NAME OF DECEASED	First	t	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print)	Susie		D	Dindleback	DEATH	February	4 19 66
5.	SEX	6. GOLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	las	E (In years 1F UNDER	1 YEAR IF UNDER 24 HRS.
	Female	White	WIDOWED		Feb. 18, 19	900 65	yrs.	
du	ring most of workl	ION (Give kind of work do ng life, even If retired)	ne 10b. K	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Col		CC	TIZEN OF WHAT DUNTRY?
	HOUSEWIF	E			WASHINGTO		- 6	(S.A.
13	. FATHER'S NAM	E			14. MOTHER'S MAIDI		,	
-		B. GARNER			CAROLINE	S, DAL		
	. WAS DECEASED E	EVER IN U.S. ARMED FORCE	CES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT		Address 762	4 ZHWOOD ST.
`	No No	New Riser wen at righter at 2		NONE M.	PS. JACRULINE	LOUDE		LAND MA
	18. CAUSE OF C	DEATH [Enter only one of	ause per li	ne for (a), (b), and (c).] /	*			INTERVAL BETWEEN
	L.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	/	Berebral The	rombosis k	I tempo	oro-Parula	ONSET AND DEATH
	332	X DUE TO		0 1 0	-4-	1	1	-
	Conditions, if any, which) (b)			Clibral U	rteriosclus	1365		7
	gave rise to cause (a), st	immediate (,					
	underlying cause	aring rue						
NO1				TING TO DEATH BUT NOT REI	ATED TO THE TERMINAL D	ISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT								PERFORMED?
TIF	20a. ACCIDENT	WAS UNDERLYING	20b. D	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Part 1	or Part II of Item 18.	0.0
CERTIFICATION	OR CONTRIBUTE (IF EITHER, NOT	NG CAUSE OF DEATH IFY MEDICAL EXAMINE	R)					
ICAL (NJURY Month, Day, Ye		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	rm, 20f. (City	or town) (Cou	inty) (State)
MEDIC	Hour a.m	1,	While at work	Not While fact	tory, street, office bldg., et	tc.)	,	
~				ed the deceased from	Jan. 27 , 19	66 to F	eb. 4 , 19 6	6, that #0 (we) last
			eb.	19 66, and th	at death occurred at3.	: 10M, from t	the causes and on the	he date stated above.
	22a. SIGNATUA		1)	-0/1		am	22b. D.	ATE SIGNED
	1	William A	100	esch III) M	.D. PHYS D	MED. DIRECTOR	STAFF PHYS. KX 2	15/66
	22c. PHYSICIA NAME (Ty		D. Ro	sson, Ma.	22d. ADDRESS 5701 85th	AVA U	yattsville,	ма
_	1					, ,		
238	a. BURIAL, CREM. REMOVAL (Spe	ATION, 23b. DATE TH		23c. NAME OF CEMETER	41 1		tON (City, town or cou	unty) (State)
2/	BURIAL 2-7-1966 ARLINGTON NATIONAL CEMARLINGTON, 19 24. FUNERAL DIRECTOR ADDRESS 125a. REGISTRAR'S SIGNATURE							
1.	11101	tu C	P.	4 1	FER	10 196	. 0 / 0	۸
1/	1.W Cras	me co	nen	eiclale, Mary	DATE-	T / 100	01 11 11 11	y judge

VR A15 (4) 20M I/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician age on papers. Filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02693 CERTIFICATE OF DEATH
1)2661

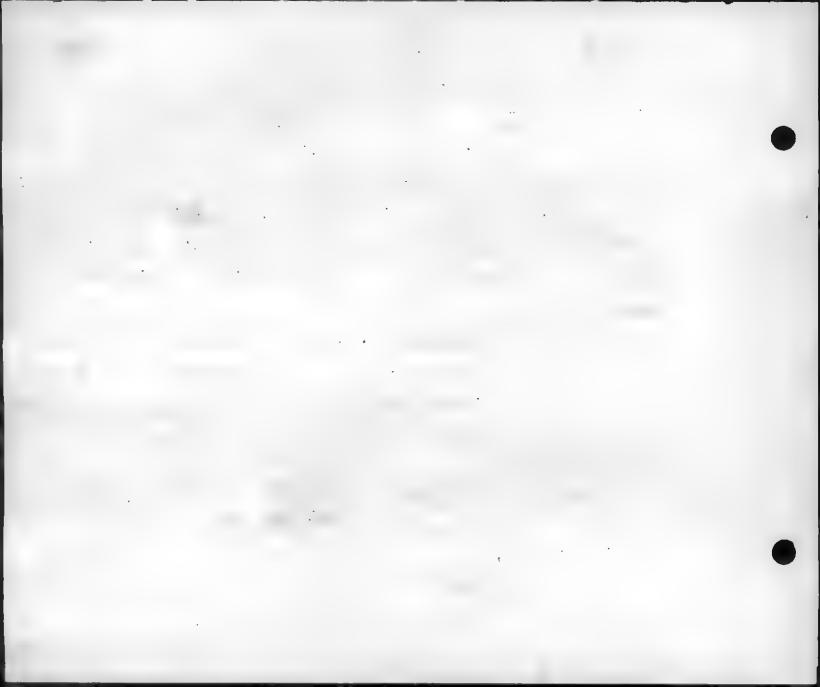
1. PLACE DF DEATH a., COUNTY,	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE b. COUNTY
MARYLAND	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 days	Hillenoct Mote, td.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
i a i a i a i a i a i a i a i a i a i a	ON A FARM?
11 Oc Us. oc destribut	YES NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF DEATH 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Jeck-hirthday) Marsha I Dave Staure I Min
WIDOWED	2/12/89 (yrs. Month's Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, everylf retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, everylf retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
od land	14, profiler 3 matter mane
Charles wons	Lucine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	S () 10 1 1 1 1 1
	lenary some wo has
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	DAMMACCO DESCRIPTION OF SELF MIND DESTIN
IMMEDIATE CAUSE (a)	
DUE TO 2) In I far Sale	e Tent - Sunfres
Cenditions, If any, which	
gave rise to immediate cause (a), stating the DUE TO	4 -0 Hz
underlying cause last.	Mario heart Ollslane
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 119. WAS AUTOPSY
E TANK TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO T	PERFORMED?
2	YES NO NO
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	AND DE LANGUE COMPANY OF THE PROPERTY OF THE P
i sant	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1/21 19 66 to 2/14 1966 that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
	it death occurred at white the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.	D. PHYS. DIRECTOR PHYS. 2/15/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) CDr. Rigoberto Rod	riguez, Prince Geo. Gen'l Hosp., Cheverly,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (state)
June al 2/17/1966 (Gun Lad	ys Chapel Mideix Mich; md
24 FUNERAL DIRECTOR ADDRESS 4	25a. REC'D BY REGISTRAR 25b) REGISTRAR'S SIGNATURE
1/1/1/17 1/4 12/-1/1/ 17 /	1) PREFB 18 1950 Clianta Julie
VIII MIMINI 171-11 ML M X	DATEL B 18 1956 fillantes Judge



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and II any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
Ca	,	02694 TARREST AND RECORDS		MARYLAND	
V	1	PLACE OF DEATH	Z/10/01/10	6002	
Λ	4.	a. COUNTY PRIVATE REPORTS	2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY-	residence before admission)	
7	_	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	CLEV OR TOWN IS AND ADDRESS OF THE PARTY OF	CFE.O.	
		write RURAL and give nearest, town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and Rive hearest town)	
ŀ	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS	e. IS RESIDENCE	
.,		#7- MARES I. ANIT	POST OFFICE BOY	ON A FARM?	
	3	NAME OF First Middle	Last 4. DATE Month	Day Year	
b	٥.	OECEASED (Type or print) ESTENGE AGNIES DE	UCKETT DEATH FEB.	7 1966	
	5.	SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED	8 DATE OF RIDTH 1090 10 ACE (In years IE HNDED	P	
\mathcal{A}	2		SEPT, 818981 (Set birthday) Months	Days Hours Min.	
1	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or Foreign country) 12. Cl	ITIZEN OF WHAT	
	UVI	Ing most of working life, even if retired) INDUSTRY	PRIGED MARVINO	DUNTRY?	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	01011	
- 1		TOS, S, HOORE	PRISCILLA MANUK	INS.	
	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
		NO			
	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE HE	EART FAILURE	10HIN	
		4 X DUE TO B COLLEGE			
		Conditions, If any, which gave rise to immediate (b) GENERAWIZ	ZED CARCINDIHATOSIS	5 405	
		cause (a), stating the DUE TO	and of Utenus	11/510	
	2	underlying cause last. (c) AUENO SARCOU PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY	
	CERTIF.CATION	A/AA/U	ALED TO THE LEWINING DISEASE CONDITION GIVEN IN LAW TO	PERFORMED?	
*	T.F.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.	CIEC CIEC	
	CER	OR CONTRIBUTULG CAUSE OF DEATH (IF EITHER, NOTEX REDICAL EXAMINER)	1219	•	
Ì	CAL	20c. TIME OF HAURY Month, Day, Year I 20d, INJURY OCCURRED 120e, PL	AGE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)	
	MIDICAL	Hour e.p. While Thorway is facti	ory, street office bldg., etc.)		
	-	21. I certify that (I) (this hospital) attended the deceased from	TANK TO 1960 PIREAS	that (I) (we) last	
		- 11-11	at death occurred at 650M, from the causes and on the		
		22a. SIGNATURE	22b. D.	ATE SIGNED	
		allung recover of M.		17/66	
1		22c. PHYSICIAN'S NAME (Type) ARTHUR SHAVER TR.	8504 BRANGHAVE, Clus	DIN, MOTIKI	
	23a		Y OR CREMATORY 1 23d. LOCATION (City, town or cou	inty) (State)	
	_[3 Wilaw 2 - 12-66 asbein	Church Brandeliven	e. md	
	24.		25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE	
		Arthur L. Rollins 4339 Hunt Place, N.E.	Vash. DATE / F 1 1 1956	9 4	

VR AI5 (4) 20M 1/65

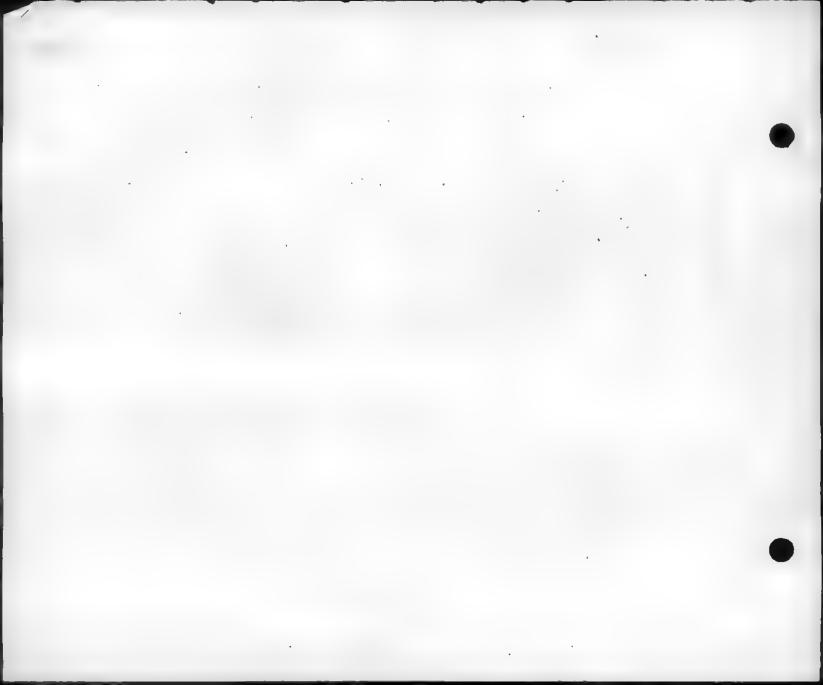


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	DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTO	N STREET, BALTIMORE 1, N	MARYLAND
,	PLACE OF DEATH	700-110 -		114,564
١,	a. COUNTY	a. STATE	CE (Where deceased lived, If institution: R b. COUNTY	esidence Detore admission)
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Md.	P.G	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	To be a second and	verly	
	C. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ACORESS		e. IS RESIDENCE ON A FARM?
	Prince Georges	5730 E	Suclid St.	YES NO
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Oay Year
	(Type or print)	COT.	OF DEATH Feb.	27 1966
5.		. OATE OF BIRTH	9 AGE (In years LIF HNDER	1 YEAR IF UNDER 24HRS.
	fem. White WIOOWED OIVORCED	12-26-98	last blythday) Months	Oays Hours Min.
Da	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ounty & State, or foreign country) 12. Cl	ITIZEN OF WHAT
	ousewife	Ma in		DUNTRY?
	FATHER'S NAME	14. MOTHER'S MAID		A
	ANDREW J. WILSON	LAURA M	CKENNY	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
TE	s, no, mr unkown) (If yes give war or dates of service)	istave W.	Erickson - Husba	ind
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)		<u> </u>	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple	Mycho	ma.	ONSET AND OEATH
1	OUE TO			
1	Conditions, If any, which } (b)	,		
1	gave rise to immediate (cause (a), stating the OUE TO			
1	underlying cause last. (c)			/
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL O	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
3				PERFORMEO?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury in Part I or Part II of Item 18.	
2	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL	The state of the s	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Cou	inty) (State)
ED.	Hour a.m. While Not While at work	ry, street, office bldg., e	tc.)	
<u>-</u>		1	0/0 4 7. 77 10/	Abot (I) (wa) look
	21. I certify that (I) (this hospital) attended the decoased from 1	1 11	960, to de d 1 , 196	that (I) (we) last

Mr, from the causes and on the date stated above. saw the deceased alive on .באבי, and that death occurred at DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. MEO. STAFF PHYS. M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22d. AODRESS BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE THERED 23a. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Ft Lincoln
ADDRESS
Washington, 166 Manor Mo. REGISTRAR'S SIGNATURE Colmar 24. FUNERAL DIRECTOR
Lee Funeral Home REC'O BY REGISTRAR 25b. 25a. 196\$

VR A15 (4) 20M 1/65



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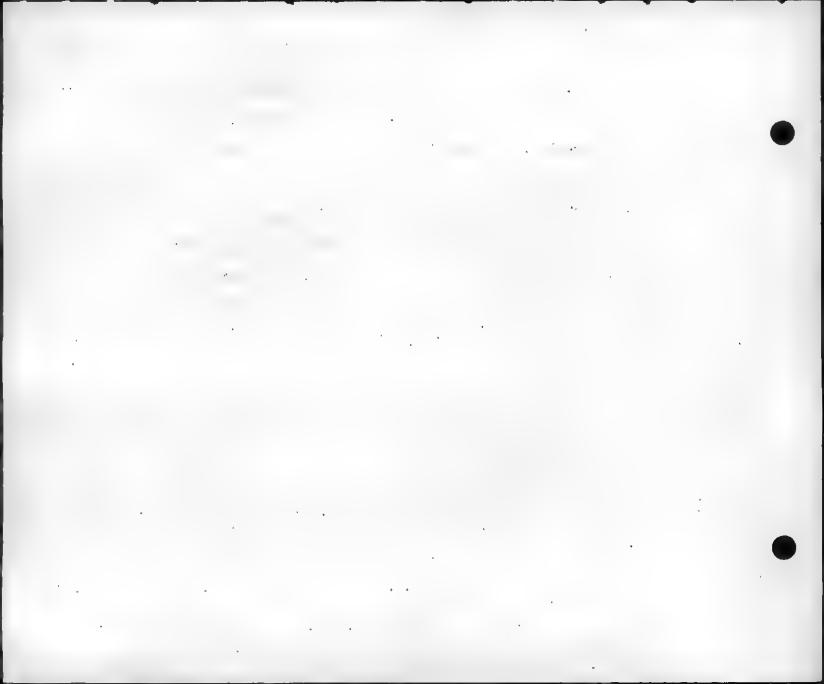
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 14 Institution: Residence before admission) a. STATE b. COUNTY
Prince George's MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. city or rown (if outside corporate limits, write for all and give fleatest town)
Cheverly 12 hr. 40 m	in Glenarden
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
Prince George's General Hospital	202 McLane Avenue YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Baby Girl S. SEX G. COLOR OR RACE 7 MARRIED ALTERNATION ALTE	Etheridge DEATH February 16 1966
The state of the s	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
DI TORCED DI TORCED	Feb. 15, 1966 yrs. 12 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Prince George's, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lee Roy Etheridge	Hazel Loretta Sharpe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service);	INFORMANT Address
no	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	O O O A O INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Welletasis Jef	Turne and Partial Bt. I Conset and Death
14 20 DUE TO	
Conditions, If any, which) (b) (Maquin	du t
gave rise to immediate (
undertain acres last	
(0)	AFED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TEC	PERFORMED?
20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCC	I AN LI
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Millia Mot Mults	ory, street, office bldg., etc.)
	Pah 15 66 - Fab 16 60
21. I certify that (K (this hospitet) attended the deceased from	Feb. 15 , 19 66 to Feb. 16, 19 66 that (I) (we) last
saw the deceased alive on 19 bb, and tha	at death occurred a 3:00 M, from the causes and on the date stated above.
1 Sapra SIX NO	ATTENDING - MED STAFF -
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 2/18/66
NAME (Type) Edmond Rodriguez, M.D.	
	3611 Branch Ave, Hillcrest Hgts, Md,
23a. BURIAL, CREMATION, 286. DATE THEREOF 29C, NAME OF CEMETER	
cremation 2/26/66 Prince Geo.	Gen 25a. REOD BY REGISTRAR 23b. REGISTRAR'S SIGNATURE
William U. Tailu	DATE
William A. Parker, Assist, Adm.	
for me	10ch Judge

VR A15 (4) 20M 1/65



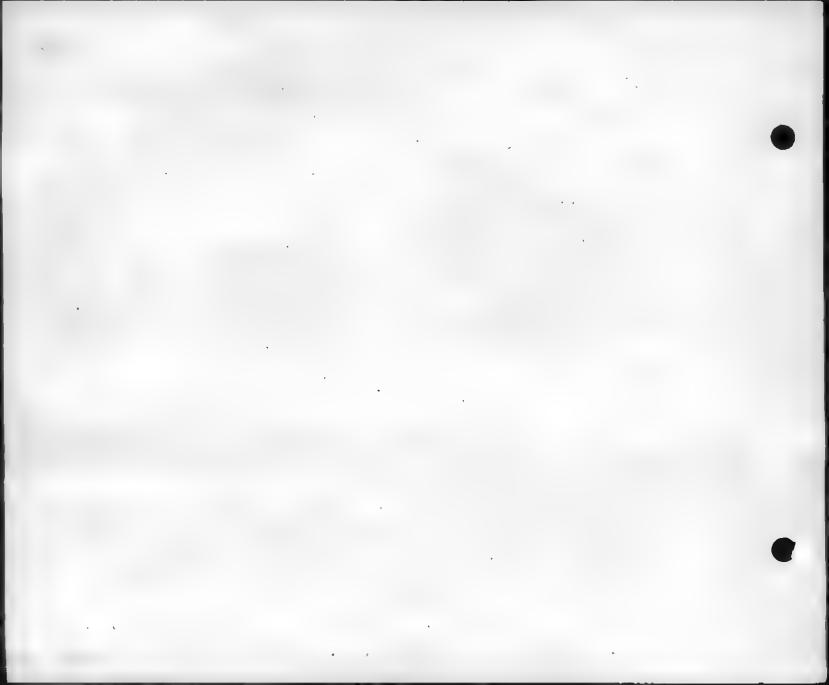
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	MAKYLAND STATE DE	PARIME	NIUFH	EALIH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	. 301 W. P	RESTON S	STREET, BALTIMORE	1. MARYLAND
02697	CEDTIFICAT	E OE D	EATH		000000
Transfer to the second	GENTIFICAL		ILA III		2. 2.

	PLACE OF DEATH		II A HOUSE DESIRENCE	C (Millians descend the d. 16 Santifestions De-	1 1 1 1 1 1		
9	a. COUNTY			E (Where deceased lived, If institution: Re	sidence before admission)		
		MARYI ANO	a. STATE	b. COUNTY Prince Geo	mae le		
	b. CITY OR TOWN (If putside corporate limits.						
		6 days	Cheverly	,			
		ospital, give street address			e. IS RESIDENCE		
	Prince George's General	Hospital	2402 Lal	ke Avenue	ON A FARM? YES ND X		
	DECEASED	Middle	Last	4. DATE Month	Day Year		
	(Type or print) Raymond		Evinger	beath February	18 19 66		
	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.		
Į.	Multe MIDOMEO	DIVORCED [1/13/22	44 yrs.	Days Hours min.		
10a,	USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12. CI	FIZEN OF WHAT		
4 60 1	Salesman		Pennsylva		S A		
13.			14. MOTHER'S MAID	EN NAME	<u> </u>		
	Raymond D Evi	nger sr	Con	nie Fisher			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Address			
(Ye	(if yes give war or dates of service)		lospital rec	ords Cheverly,	Md.		
- 1			ς .1.Ω	. 0	INTERVAL BETWEEN ONSET AND DEATH		
П	PART I. OEATH WAS CAUSED BY:	gestive.	heart of	alline	OHSEL AND DEATH		
П	11 - 11		. 00				
	Conditions, if any, which) (h)	yocarden	e felino	360			
	gave rise to immediate			are,			
	underlying cause last.	ter sler	were; co	les fires			
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
CAT	Varivelanto	Le-Lucy	rac w		YES NO NO		
晉十		DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury in Part I or Part II of Item 18.)	88-		
S	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	rm. 20f. (City or town) (Cour	ity) (State)		
ăl		-3 MOE MUITO	tory, street, office bldg., e	tc.)			
Σ.			(210-04/2	6E . 30/ 18:06	(12 at 10 town last		
		en ine deceboén nom—					
		19 E, and th	at death occurred at-		TE SIGNED		
	ATTENDING - MED STAFF - 3 0 4 18 1866						
ŀ	22c. PHYSICIAN'S	- 4	22d. ADDRESS	S THIS.	, , , , ,		
	NAM BTYPE) N B, CA.	MERON	35E>3	PERRY OMT	RAINICA		
23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, town or cou-	nty) (State)		
	Burial Feb 21, 1966			Washington D.			
24.		ADORESS		O BY REGISTRAR 256. REGISTRAR'S	SIGNATURE		
	r. Gasch's Sons	Hyattsville,	Md. DATE B	23 1966 fillantes	Judge		
	MEDICAL CERTIFICATION 13. 15. 17. 17. 17. 17. 17. 17. 18. 18	Prince George's General 3. NAME OF DECEASED (Type or print) 5. SEX 6. GOLOR OR RACE 7. MARRIED WIDOWEO 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 14. CAUSE OF DEATH [Enter only one cause per life, no unitown) (If yes give war or dates of service) 15. WAS DECEASED EVER INU.S. ARMEDFORCES? 16. (Yes, no, or unknown) (If yes give war or dates of service) no 18. CAUSE OF DEATH [Enter only one cause per life, no unitown) (If yes give war or dates of service) no 18. CAUSE OF DEATH [Enter only one cause per life, no unitown) (If yes give war or dates of service) no 19. PART I. OEATH WAS CAUSED BY: OUE TO cause (a), stating the underlying cause last. 20. Town of injury which gave rise to immediate cause (a), stating the underlying cause last. 20. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Day, Year 20d. I hour a.m. 19 at wor 22a. SIGNATURE 21. I certify that (I) (this hospital) attend saw the deceased alive on 22a. SIGNATURE 22a. SIGNATURE 22a. BURIAL, CREMATION, 23b. DATE THEREOF Feb 21, 1966 24. FUNERAL DIRECTOR	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Prince George's General Hospital 3. NAME OF DECEASED (Type or print) S. SEX Male White Widoweo Divorced Divorce	b. CITY OR TOWN (if outside corporate limits, with the write RUNAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Prince George's General Hospital 3. NAME OF DECEASED Type or print) Type	b. CITY OR TOWN (if outside corporate limits, write RURAL with E MURAL and give nearest town) Cheverly Cheverly Cheverly Change of Hospital or Hospital, give street address) Decrase Prince George's General Hospital 3. Hame of Decrase Raymond S. EX BECCASE Prince George's General Hospital 3. Hame of Decrase Raymond S. EX Male White Whoweo Whoweo Divorced Divorced 1/13/22 1/13		

VR A15 (4) 15M 4-64

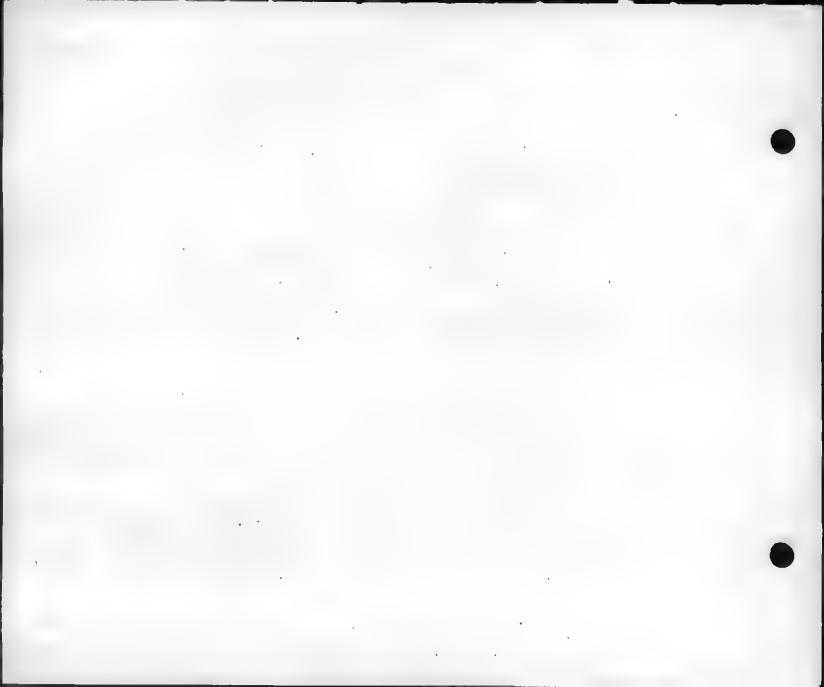


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, should be detached for use as the burial-transit permit. Then please, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		MARYLAND ST						
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	, MARYLAND
02868		CEDI	LEICATE	OF	DEATH			00000

_	02698 CERT	IFICATI	E OF DEATH		02567 -
1.	a. COUNTY			Where deceased lived, If institution: b. COUNTY	Residence before admission)
		MARYLAND	a, STATE	B. COUNTY	PC
	b. CITY OR TOWN (if outside corporate limits, write-RURAL and give nearest town)	Cavs	c. CITY OR TOWN (If outs	ide corporate limits, write RURA	L and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str		d. STREET ADORESS		1 e. IS RESIDENCE
_	. riace horges fineral		117.27 01.1	14111111111	ON A FARM? YES NO ()
3.	NAME OF DECEASED (Type or print) Bahy Girl	0	Faircloth	DATE Month OF DEATH	Day Year
5.	NEVER MA	RRIED 8	B. DATE OF BIRTH	9. AGE (in years if UNDE last birthday) Months	RIYEAR IFUNDER 24 HRS. Days Hours Min.
10 du	M. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) 10b. KIND OF BUSINES INDUSTRY	SS OR	0.1 0.	& State, or foreign country) 12.	CITIZEN OF WHAT
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN	IAME IVIA	0,24.
_	Kenneth E. Fairclot	1	EvelVM	RIGHT	
CY	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) (If yes give war or dates of service)	TYNO. 17.	THORMANT TO S 12	Records	
	18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), a	nd (c).]	(1.)		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	re W	1 emoune	J	OHOCI AND DEATH
	Conditions, If any, which OUE TO	turi	5		30ay
	gave rise to immediate cause (a), stating the underlying cause last.	wn-t	Hunry -d.	I pheaute.	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTNOTRELA	TED TO THE TERMINAL DISE	SECONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES 10
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCU	RREO. (Enter nature of Inju	ry In Part I or Part II of Item 1	8.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE		E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)
MED	p.m. 19 at work at work				
	21. I certify that (I) (this hospital) attended the deceas		196/	196	
	saw the deceased alive on	2, and that	death occurred at	M, from the causes and on	the date stated above.
	tally " tall	M.D		STAFF - D -	-13-1966
	PANS WODAK, X	(· D.	22d. ADDRESS	VBELT, ME	·/
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME (REMOVAL (Specify)	OF CEMETERY	OR GREMATORY 2	3d. LOCATION (City, town or c	ounty) (State)
24	BUY a - Teby 4 1964 10 Se) A. 25a REC'D E	Y REGISTRAR 250. REGISTAL	West Va.
	J. Dasely Sons, Hoyali	Brille	2, Mal DATE B 1	5 1966 John M	es Judge
1-					1/

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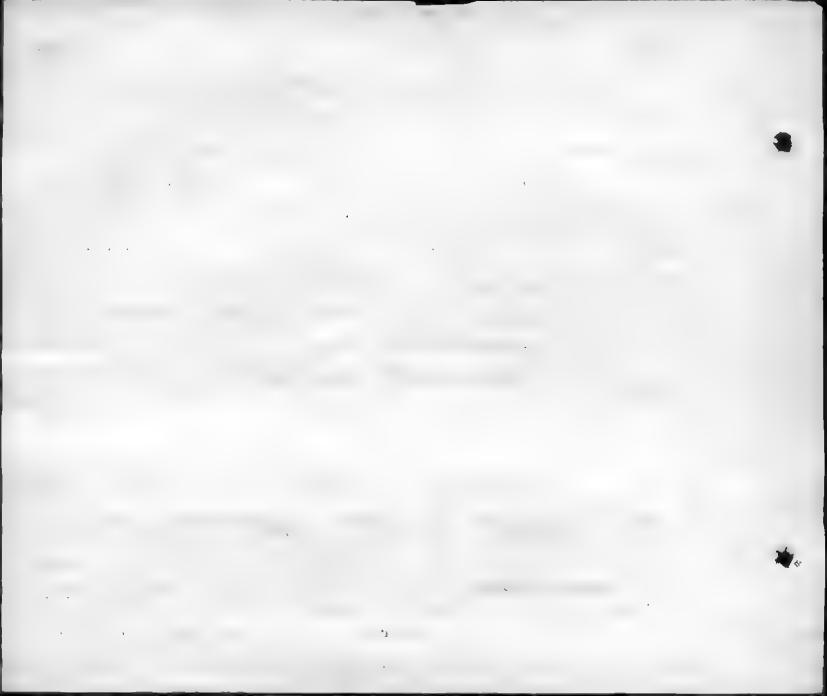
TO HOSPITAL OR ATTENDING TOTALS. The law requires that the death certificate be executed within 24 hours after death. Page 4. The retained by the hospital or attending physician.

IN FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely hard in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. within 72 hours after death. VR A15 (4) 15M 7/61

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	1	•
Same .	76 7	3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3250Q CERTIFICATE OF DEATH 110000

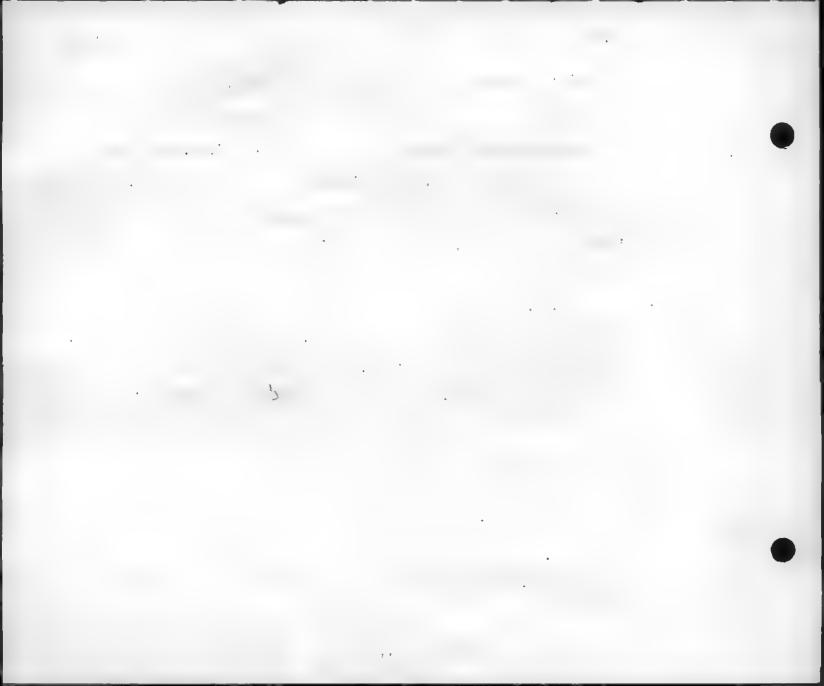
	013033	
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decoased kyed, if institution: Residence before admission)
/	Prince George MARYLAND	Maryland Prince George
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give meanest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hvattsville	Hvattsville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address,	d. STREET ADDRESS
	Sacred Heart Home	3535 Madison Street
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Johanna	Fefolt Feb. 26, 19 66
		. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
		Dec. 25, 1883 Sat berthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	17 11. BIRTHPLACE (County & Stets, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
į	done during most of working life, even if retired) Housewife Own Home	Austria U.S.A.
	Housewife Own Home	1 14. MOTHER'S MAIDEN NAME
	John Urtar	Anna Pelko
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.	
	(Yas, no, or unkown) (Hyasgiva wer or dates of service)	ara Keffer Same as #2 (daughter)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ara Kerier Same as #2 (daughter)
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Congestive heart	failure 51 days
		heart disease Unknown
	gave rise to immediate cause	neart disease
	[a], stating the underlying DUETO	
	16)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II: 19. WAS AUTOPSY
	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO O CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING TO CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER	PERFORMED?
	200 ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of Itam 18)
	OR CONTRIBUTING (1) CAUSE OF DEATH (1) (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (4) 40
		CE OF INJURY (Home, form, 1 2Df. (City or lown) (County) (State)
	Hour s.m. While Not While	ory, straet, offica bldg., alc.)
		Jan6
		death occured 730.0M, from the causes and on the date stated above,
	22a, SIGNATURE	22b. DATE
	7// 10/1	ATTENDING MED. STAFF 2/26/66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type THOMAS F COLLINS	322 H St. N.E. Washington D.C.
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify) Burial 3/2/66 Queen of He	even Peters Township, Pa.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
		DAMER 1 1936 Jacker Judge
	Francis Gasch's Sons Hyattsville, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland CERTIFICATE OF DEATH

1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Prince Georges
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Cheverly 2 days	Hyattsville
d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
	ON A FARM?
Prince Georges General Hospital	5304 Crittenden Street YES NO A
3. NAME DF First Middle DECEASED	OF
The second secon	desop DEATH Feb. 7 166
5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	14 April 1895 70 yrs.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired U.S. Gov't G.S.A.	Washington, D. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Fiddesop	Unknovm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Address
Yes W. I. 1 217-36-6012 Mr	s. Francse Fiddesop Same as 2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	5. Francise Fludesop Salle as 2
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	TIBRICLA / 1000 /5 MIN
14-5 / X DUE TO CREATE TO THE TO	OCCLUSION 30 MIN
cenditions, if any, which gave rise to Immediate	VCC L COSTO PY JOHN TO
cause (a), stating the DUE TD POST OP. 1)158 CT/	NA HORIMINAL ANGUNYON 3hns
underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA HOUR a.m. While Section 19 work at work at work	PERFORMED?
O ASSISTANTING INDESTRUCTION OF STREET	YES NO IP
202. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCU BY DR CONTRIBUTING TO CAUSE OF DEATH CITY THEN, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
(IF EITHER, NUTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	June, 1954, to 2/7, 1966, that (1) (we) last
	t death occurred at6. 35MM rom the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED,
William M (A Princero W.D.	D. PHYS. DIRECTOR PHYS. 2/7/66
22c. PHYSICIAN'S NAME (Type) None and December 1	22d. ADDRESS
MAME (Type) Company - Comeau	1 3503) exxy31 MI (AIN) exm
23a. BURIA., CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2-9-66 Arlington Nat	ional Cem Arlington Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Goldberg Funeral Home 4217 9th St., N.W.	. DATEEB 10 1968 Allianley Judy

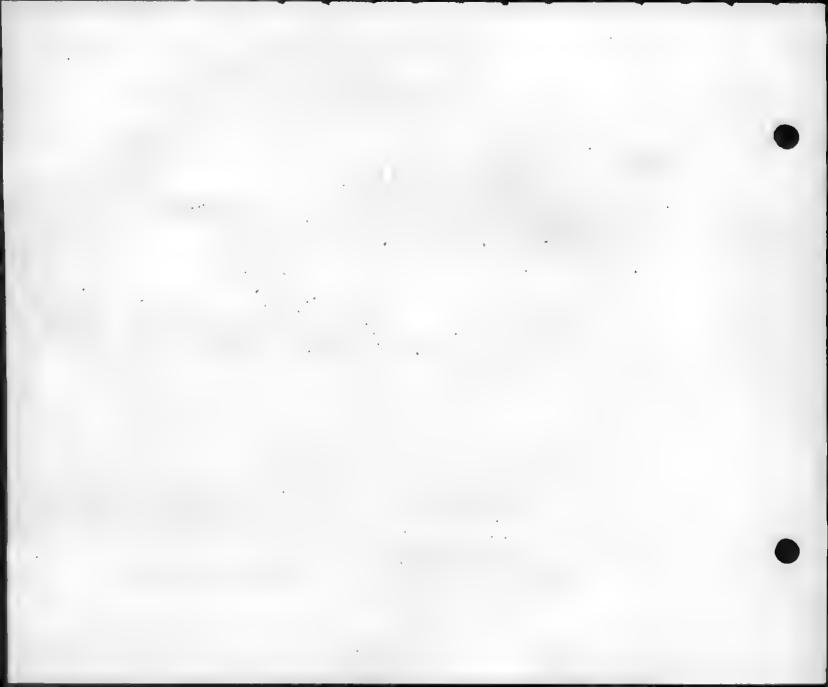
VR A15 (4) 2DM 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending host an and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH					
ĺ	DIVISION OF STATISTICAL RESEARCH AND RECORD 12701 CERTIFICAT		BALTIMORE 1, MARYLAND		
1.	PLACE OF DEATH		d lived, If institution: Residence before admission)		
	PRINCE GEORGE'S MARYLAND	a. STATE	b. COUNTY		
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corpora	ate limits, write RURAL and give nearest town)		
1	4 VATTSVILLE 3 Weeks	WASHINGTON	11 1 2		
	ACRED HEART HOME	0/4 MICHGAN	NUE, N.E. O. IS RESIDENCE ON A FARM?		
3.	NAME DF First Middle	Last 4. DATE	Month Day Year		
	DECEASED (Type or print) DA ALMA F/7	ZPATRICK DEATH	2 - 14/ 1966		
5.	SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED	SEPT 14, 1888 9. AC	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. AF DIRthday) Months Days Hours Min.		
102	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	UNKNOWN- 77	yrs.		
dur	ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, for t	COUNTRY?		
13.	TIME KEEPER U.S. PRINTING OFFICE	14. MOTHER'S MAIDEN NAME	10,3		
	DANIEL FITZ PATRICK	UNKNOWN	y McDONALD		
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT ARS, DONA, G-UESSFO	RD Address 617 10th ST. NE		
=-	/YO / NONE		WACHINGTON : DIC		
	PART I. DEATH WAS CAUSED BY:	UBALLI -/10th	MAZ ONSET AND DEATH		
	442 XMMEDIATE CAUSE (a) DUE TO ALL STATES	sellivers	Sycano		
	Cenditions, if any, which) (b)				
	gave rise to Immediate Cause (a), stating the DUE TO				
NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITI	ONGIVEN IN PART I(a) 119. WAS AUTOPSY		
CATI	Service of the first service o	WIER IS GUETERMUNICAL PROPERTY OF STREET	PERFORMED? YES NO NO		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I			
		ACE OF INJURY (Home, farm, 20f. (City	y or town) (County) (State)		
MEDICAL	Hour a.m. While - Not While - fact	ory, street, office bldg., etc.)	out to many (source)		
×	p.m. 19 at work at work	(1 in) 196 to 1	Old 11, 19 C that (1) (1) ast		
	saw the deceased alive on 110 /18 Cand the		the causes and on the date stated above.		
	22a. SIGNATURE JULIENT THE	ATTENDING MED.	STAFF 22b. DATE SIGNED		
	22c. PHYSICIAN'S	22d. ADDRESS	PHYS. 4 1919		
	NAME (Type) POBERT HAILE	35NEW YORKAL	N.W. D.C		
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DE CEMETER REMOVAL (Specify)	Parameter Advanced	10N (City, town or county) (State)		
24. FUNERAL DIRECTOR ADDRESS A COA 1250. REGISTRAR'S SIGNATURE					
W	1. W. Chambers Go Vinerdale, 4.	Mol. DAFEE B 1 6 196	6 Acharles Judge		

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DE funeral and 2 r death, hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Pages b. CMY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN HE gutside corporate limits, write RURAL and give nearest town) and give neares town) oon papers. Pag within 72 hours Gelloville filled MARIE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NOV efely death certificate be executed within carbon NAME Month Middle Last 4. DECEASED (Type or print) 1966 6 VDEATH ace Ē nn 6, COLOR OF RACE 5. / SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWEDA DIVORCED ADa. USUAL OCCUPATION (Give kind of work done en please val, and in 10b. KIND OF BUSINESS OR & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? working life, even if retired) INDUSTRY uslew nit. Then ple or removal, FATRER'S NAME attandin∎ p ermit. Then transit permit. DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per Une for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. has been signed by the as the burial-transit harior to burial, crema PART I. DEATH WAS CAUSED BY: Lura IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDUCTORS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Ifter this certificate hid be detached for use PERFORMED? NO 🔀 YES I 20a, ACCIDENT WAS UNDERLYING-F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY, MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year ZOd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from age 3 should lied with the and that death occurred at/105 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. MED. page DIRECTOR O FUNERAL I ADDRESS. 22c. PHYSICIAN'S 22d. (State) 23a. BURIAL, CREMATION. 23b. DATE THEREOF OF CEMETERY OR CREMATOR 23d/7 LOCATION (City, town or county) REMOVAL (Specify) INERAL/DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64



VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH OUTSIAN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	116012					
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Pro George's					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
Reverdale, daryland	College Park, Nd.					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	d. STREET ADDRESS 7206 Bowdoin avenue 0. 18 RESIDENCE ON A FARM?					
Leland Memorial Hospital	TES NO SE					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF					
(Type or print) Fred H.	Flynn beath Feb 19, 19 66					
7. MARKIED A NEVER MARKIED	8. DATE OF BIRTH June 6, 1911 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
male white WIDOWED DIVORCED 102.USUALOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	04 yrs.					
during most of working life, even if retired) INDUSTRY	COUNTRY?					
Real estate Salesman 13. FATHER'S NAME	Tennessee U. S. A.					
Charles Flynn	14. MOTHER'S MAIDEN NAME Unlcnown					
(Yes no or unknown) If I was him war and a tas of sarvice)	iby D. Flynn College Park, Maryland					
110						
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DE						
IMMEDIATE CAUSE (a)	ay Munday					
conditions, if any, which						
gave rise to immediate	The state of the s					
cause (a), stating the DUE TO						
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
PERFORMED!						
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.						
Hour a.m. While Not While at work at work	ory, street, bitteening., etc.)					
21. I certify that (I) (this hospital) attended the deceased from						
			22a. SIGNATURE /) A 22b. DATE SIGNED			
M.D. ATTENDING MED. STAFF PHYS. 79, 1966						
22c. PHYSICIAN'S NAME (Type) I AN Well, I	22d. Sportsoille, Ind.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR COMMERCE 23d. LOCATION (City, town or county) (State)					
Burial Feb 24, 1966 George Wash	ington Hyattsville, Md.					
24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
F. Gasch's Sons Hyattsville, Maryland DAFEB 23 1956 Moreley Judge						



after SINO within **Examination** certificate death

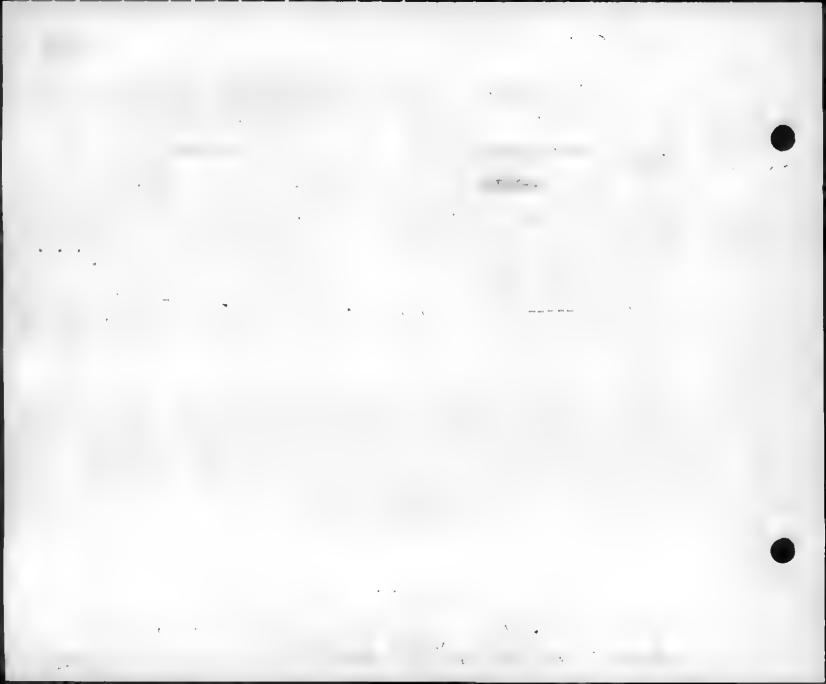
20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press, remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requirem that the meath certificals be exemuted within 24 hours after menth. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
02705	CERTIFICAT	E OF DEATH		02674	
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If institut) b. COUNTY	on: Residence before admission)	
b. CITY OR TOWN (it curside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (H outside corporate limits, write RURAL end give nearest town)				
Cheverly	3 days	Lanh	am	1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
Prince Georges General Ho			Luck Roam=	YES NO	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year	
(Type or print) CARMELA 5. SEX 6. COLOR OR RACE 7 MARRIED		Galotta B. DATE OF BIRTH	DEATH Feb.	13 1966 NDER 1 YEAR IF UNDER 24 HRS	
- WINDOWED	I IACACIT WINKELED		last birthday) Mon	ths Days Hours Min.	
Female White WIDOWED		8 Dec. 188	2 83 yrs. ounty & State, or foreign country)	12. CITIZEN OF WHAT	
during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY HOME			COUNTRY?	
HOUSEWIFE 13. FATHER'S NAME	1101110	TTALY	EN NAME	U.S.A.	
MICHAEL PIZZUTIELLO		श्रा वाच क	A MUSACCHIO		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
(Yes, no, or unkewn) ((If yes pive war or dates of service)	None Mr.	Dante Gal	otta 3139-3 Ur	liversity Bl	
18. CAUSE DF DEATH [Enter only one cause per		′ ^	West Specification	INTERVAL BETWEEN	
PART J. DEATH WAS CAUSED BY:					
572/ IMMEDIATE CAUSE (a) OUE TO					
Conditions, if any, which	ilos		12		
gave rise to immediate couse (a), stating the DUE TO					
				19. WAS AUTOPSY PERFORMED?	
3 severe attenos electo	heart droen	spi Rup has	. I Transverse colle	YES NO 7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	DESCRIBE HOW INJURY OCCU		Injury in Part I or Part II of Ite	m 18.)	
	NJURY OCCURRED 200, PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)	
20c. TIME OF INJURY Month, Cay, Year 20d. Hour a.m. While p.m. 19 at wor	MOT ANULE [ry, street, office bldg., e	(C.)		
21. I certify that (I) (this hospital) attend		2/10/166 . 19	to 2/13/	19 (b that (l) (we) last	
saw the deceased alive on 113	1906, and that	death occurred at 3	AM, from the causes and	on the date stated above	
22a. SIGNATUR	1/1	ATTENDING -	MED STAFE	b. DATE SIGNED	
Jerny 1	M.I.	PHYS. Z	DIRECTOR PHYS.		
22c. PHYSICIANS NAME (Type) Dr Jerome L S	andler M.a.		Washington, D.C.	20006	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town	or county) (State)	
BURIAL 2/16/1966	CEDAR HILL	MAUSQLEUM	SUITLAND, MAR	YLAND	
24. FUNERAL DIRECTOR CO. INC.	1360 - N ST.	NIN' Z5a. REC	O BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE	
CHYSONG PUNERAL HOME	WASHINGT	CON DC DATE B	1 5 1988 1 lies	rles Judge	

VR A15 (4) 15M 4-64



OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH USUAL RESIDENCE (Where decased leved, If Institution, Rasidence before edmission) a COUNT a. STATE the tid 2 and b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Write RURAL and give nearest town) 8 d. NAME OF HOSPITAL INSTITUTION (if not in hospitel, give straet eddress) 3. NAME OF 4. DATE Middle DECEASED OF (Typa or print) DEATH 8. DATE OF BIRTH MARRIED NEVER MARRIED and WIDOWED DIVORCED physician JSUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working hifa, evan if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or undwn) i (If yas give wer or datas of service) 18. CAUSE OF DEATH |Entar only one cause per line for (a), (b), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediata causa **DUE TO** (a), stating the underlying causa last. CERTIFF 20a. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Day, Year factory, street, office bldg., etc. While Not While Hour a.m. et work at work 19 p.m. CIOR: 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on DIREC 22a S.GNATURE ATTENDING death. Page 4. O FUNERAL. PHYS. DIRECTOR PHYS. MB ADDRESS 22d. 22c PHYSICIAN S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION

19 6 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Davs Hours 12. CIT ZEN OF WHAT COUNTRY? Addrass INTÉRVAL BETWEEN ONSET AND DEATH PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO (Stata) Country ... 19.6 hhat (I) (we) last A and that death occured a. A.M. from the causes and on the date stated above; DATE SIGNED REMOVAL (Spacety) 052 Cedar Hill Cemetery Suitland Burial Ĕ Maryland 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR Home 4308 Suitland Rd Suitland DATE D

e. IS RESIDENCE ON A FARM? YES NO TO

VR A15 (4) 15M 7/61



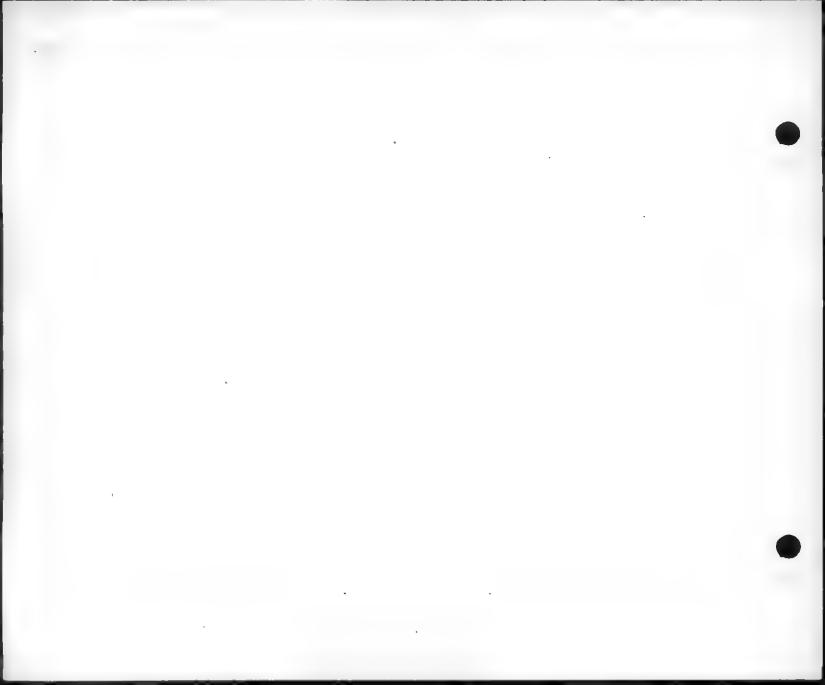
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0.00000

TOIL			3	D 40 4 4				U~U40
EALTH	I DEPT.			LACE OF DEATH			Yhere deceosed lived, if institution	
5 o o	اج ق			Prince George's	MARYLAND	o. STATE Maryland	b_COUNT	nce George's
3 to Pog	ent			CITY OR TOWN (If outside corporate limits, C.	LENGTH OF STAY IN 1b		tside corporate limits, write RURA	
de and 43.	T T			write RURAL ond give neorest town)	6 1, , , , , ,	Oxon Hill		" /
64.9	par offic			NAME OF HOSPITAL OR INSTITUTION (If not in happy and	6 hours	d. STREET ADDRESS		e IS RESIDENCE
를 - ' ' E	ate Department of hours ofter deoth.	+, 5						ON A FARM?
eoth. I Pages vith for	ate Department hours ofter deal			Construction site at Portab			ngston Road	YES NO X
를 모 를	TO THE			AME OF FIRST	Middle	Lost	4. DATE Month	Day Year
frer deoth. Give Page ong with fo	. (# 9					pert	DEATH 2	16 19 66
- U	3 3		S	7, marries L	<u> </u>	DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
em 18. Office al	2 t			Male White WIDOWED		4 July 1956		
haurs Item 1 Office	pages lond2 in ony event			USUAL OCCUPATION (Give kind of work done g most of working life, even if etired) INDUST	OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
				Murlent at	school	Washen	alon D.C.	26. J.a.
	ogges in ony		13	FATHER'S NAME		14 MOTHER'S MAIDEN	MAME	4
within 24 n pencul in Exominer's	File p			ohn T. Hilbert		Larra	ine 20	111
Ç.⊑ <u>û</u>	E .		77		AL SECURITY NO 17 IN	IFORMANT	Addres	5
rufe ng " iro	permit. moval,	7	-(18	no prunknown) (If yes give wor ar dotes of service)	701 70	the second	Lano as	#2
s certificate =hould be executed e, writing the word "pending" in forwarded to the Chief Medicol	o buriol transit permit. cremation, or removal,	ı		1B CAUSE OF DEATH (Enter only one couse per line for (o),			<u> </u>	INTERVAL BETWEEN
De .	buriol transit motion, or re			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Asphy	cia			ONSET AND DEATH
2 2 E	1, o				occlusion of	nose and mo	uth by mud	
• hould e word the Ci	흔			Conditions, if ony, which gove) (b) From f	Pall in excav			
e athe	o bu			rise to immediate couse (o). Stoting the underlying couse DUE TO	<u> </u>			
ng ded	as a			dist. (c)				
certificate mh writing the rwarded to 1	used as bur al, a		_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO TH	HE TERM NAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
S Ce	us br		TION					PERFORMED? YES A NO
g et I	s. nould be prior to		CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIE PR:MARY ÊGOT CONTRIBUTING □	BE HOW INJURY OCCURRED. (I	inter noture of injury in	Port I or Port II of item 1B.)	1 [] [
Certificational be	iles. should t, prior		CERT		•	, ,	•	
e e	our files age 3 sho ogent, 1		CAL		Y OCCURRED > 20e. PLACE	OF INJURY (Home, form	taining water	and clay. (Stote)
<u>₹</u> 4	ur t	, .	MEDICAL	Hour om	Not While focto	ry, street, office bldg., etc.)	20°OxbhorHill,	Md'.
e e e	>~ = =	í – I		5:00mmp.m. 2-16- 19 66 of work	of work tel Const.	ruction sit	e at Portabell	o Development,
×e.	oined for y IRECTOR: P. designoted			21. I certify that I taak charge af the remain	is described abave, hel	a an Autapsy 🔀 ,	Inspection [3d], Inqui	ty [56], and in my apinia
e e	ed ECT			death resulted fram: Natural courses	Accident X, Suicio	de 🔲, Hamicide		nner
please direct	章 美	l		ACTUAL	1	CHIEF MEDICAL		22. DATE SIGNED
	is is			SIGNATURE	LAT!	_ Http:	ICAL EXAMINER	22. VAIL SIGNED
ary ner	ERA or			EXAMINER'S John Kehoe, M.D. R:	iverdale. Md.		L EXAM.NER	2-17-66
a billing necessary, the funero	5 may be retained for to FUNERAL DIRECTOR: I Health or its designote		22				, city, town, or county)	
The ce	5 O H		Z30	REMOVAL (Specify)	3c. NAME OF CEMETERY OR C	KEMATURI	23d LOCATION City or Tow	n) (County) (Stote)
	,—		24	FUNERAL DIRECTOR	ADDRESS Depute	Chair Com	DV DECICTORD OCH DEC	STRAR S SIGNATURE
Vi	R A15ME (5)		24	W. W. Chamben	AUDRESS / A	15 FFR		iarly Judge
	6M 1/66			1	31/11-18.1	C - C DATE -	4 1000 F	The state of the s



9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02708 CERTIFICATE OF DEATH 02677

VI. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
a. COUNTY Prince George's Co.	A CONTRACT					
MARTLAND	Maryland Pr. Geo's Co.					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly 6- Months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Cheverly 6- Months	Oxon Run Hills					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS e. IS RESIDENCE					
Adsacorda Nursing Home	5007- Chadwick Court SE. ON A FARM?					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
DECEASED (Type or print) MARY ELLEN GI	ISHAM DEATH Feb. 7th 1966					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS.					
TI MANUALLE METERS IN MARKETED	April 8–1879 Rest birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT					
during most of working ilfe, even if retired) Housewife Domestic	New, York COUNTRY? usa					
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME					
John Whalen	Elizabeth McCarthy					
(Yes, no. or unknown) ((If yes give war or dates of service)	INFORMANT Address					
067-24-8905 Mr.	Frank W. Gitsham - Same as # 2.					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
	the cut laulure ONSET AND DEATH					
IMMEDIATE CAUSE (a)	Joseph James					
7 × OC DUE TO	•					
Conditions, If any, which gave rise to immediate (b)						
cause (a), stating the DUE TO						
underlying cause last. (c) certer coclerate the unit along						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
5 precenne	YES TO NO PA					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA facto Plant 2Dd. INJURY OCCURRED 20e. PLA facto 2Dd. INJURY OCCURRED 2Dd. INJURY OCCURRED 20e. PLA facto 2Dd. INJURY OCCURRED CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m., While Not While	ry, street, office bidg., etc.)					
	1. (2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
21. I certify that (I) (this hospital) attended the deceased from	(1) (we) last					
	t death occurred at/ a M, from the causes and on the date stated above.					
22a. SIGNATURE	ATTENDING MED. STAFF Feb 8-66					
Kily O Corner MO						
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) Don B. Cameron , XXX	3503- Perry Street Mt. Rainer, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Burial Feb. 10th 66 Cedar Hill (Cemetery Suitland, Maryland					
24. FUNEAL DIRECTOR Bros. ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
A4(/24/4-27)	600					
Simmons Bros. 1661- Gd. Hope Rd. SE. Was	sh. DO DATE B 10 1966 marker Judge					

VR AI5 (4) 20M 1/65

TO HOSPITAL

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any aftering within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH p. COUNTY Poge Maryland Prince George's and 3 to ō death. Prince George's MARYLAND dislay Department c CITY OR TOWN (1 autside corparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 b CTY OR TOWN (If outside corporate imits , 2, o. PM3. write RURAL and give nearest tawn) after Riverdale Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS hours (Give Poges 1, with form 5721 Riverdalc Road Leland Memorial Hospital the State 24 hours ofter dwath 3 NAME OF M-ddle 4 DATE Lost Month OF DEATH DECEASED Edward Erwin Glading February (Type or print) event within SEX 8 DATE OF BRITH 9 AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) August 27, white male WIDOWED D VORCED Item 1 Office pub 10o USUA, OCC. PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) Southern Railroad Co. IND., STRY any poges in any Retired Philadelphia. Pa 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This cert ficate should be executed within Edward F. Glading Charlotte Groezinger guq 臣 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no, or unknown) (If yes give wor or dates of service) 704 18 1415 Chief Medicol removal, John Glading Mitchellsville, Md. no IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: Heart famlure 0 IMMEDIATE CAUSE (a) please execute the certificate, writing the word buriol, cremation, DUE TO forwarded to the Conditions, if any which gave " Arteriosclerotic Heart, Discase rise to immediate cause (a). **DUE TO** stating the underlying couse 0 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 0 96 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I or Part I of Item 18.) ogent, prior 3 should PRIMARY I or CONTRIBUTING I 4 should CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) moy be retoined for your FUNERAL DIRECTOR: Poge

(County) (Stote) Hour a.m. foctory, street, office bldg, etc.) While Not While of work of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🗔 Inquiryour and 'n my opinion death resulted from. Naturo couses of Adident | Suicide Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-26-66 DEPUTY MEDICAL EXAMINER (52)

John Kehoe, M.D. NAME (Type) 23c NAME OF CEMETERY OR CHEMASORY 23a BURIAL, CREMATION, Carver Memorial darch 1. 1966

23d LOCAT ON (City or Town) Muirkirk.

(County) (Stote) Nd.

IS RESIDENCE

ON A FARM?

1966

FUNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED?

wears

NO EC

F UNDER 1 YEAR

12 CITIZEN OF WHAT

COUNTRY? U.S.A. NO Sc

24 FUNERAL DIRECTOR

EXAMINER'S

Sons Hyattsville, Md. Gasch S

250 REC'D BY REG STRAR 1966

Riverdal Jam Mounty)

25b REGISTRAR S SIGNATURE Milanles

Pro Geo

VR A15ME (5)

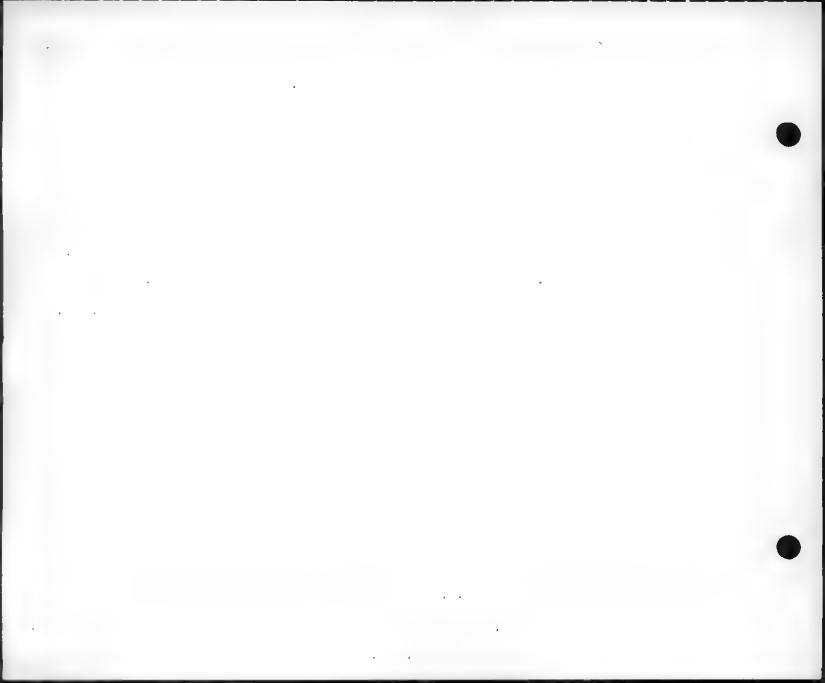
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the funerol director.

TO DEFETY

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Items 1821 Film G376 5/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived, if institution Residence before admission) o COUNTY **b** COUNTY Prince George's Prince George's delay b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate imits write RURAL and a ve negrest tawn) write RURAL and give nearest town) Ivatusville
d STREET ADDRESS Cheverly DCA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Stofe [2109 Guilford Road Prince George General Hospital YES NO EX 3 NAME OF Middle 4 DATE DECEASED (Type or print) Robert DEATH IF LINDER LYFAR 9 AGE (In years IF LINDER 24 HRS 6 COLOR OR RACE 7 MARR ED B DATE OF BIRTH NEVER MARRIED last birthday) WIDOWED DIVORCED White July 19/3 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare on country) 12 CT ZEN OF WHAT during most of working life, even if retired)
Merchant, Appliance **INDUSTRY** COUNTRY ? New York poges | in any the Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Herman Glicker Frances Hirsch ond 15 WAS DECEASED EVER IN ILS ARMED FORCES? Address Hyatts. Md. 16 SOCIAL SECURITY NO 17 INFORMANT sit permit. I removol, o (Yes, no, or unknown) (If yes give war at dates of service) Patricia C. Glicker-2109 Guilford 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH Cardiovascular shock IMMEDIATE CAUSE (a). 4201 This certificate should DUE TO Conditions, if ony, which gove 3 Partial occlusion of coronary artery rise to immediate cause (a) forworded to stoting the underlying couse Artoriosclerotic heart disease ui known burnol, c PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES X NO 0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18.1) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 5 may be retained for your tiles TO FUNERAL DIRECTOR: Page 3 shr Health or its designated agent, I 20e PLACE OF INJURY (Home form, 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, affice blda, etc.) at work at work the funeral director. Page 21. I certify that I took charge of the remains described above, he d on Autopsy [X]. Inspect on [X]. Inquiry X. and in my ap'n an death resulted fram: Natural causes X . Audent . Suicide | Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street, city town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATIO 23d LOCATION (City or Town) (County) Dcean County Mem. Parkoms River, N.

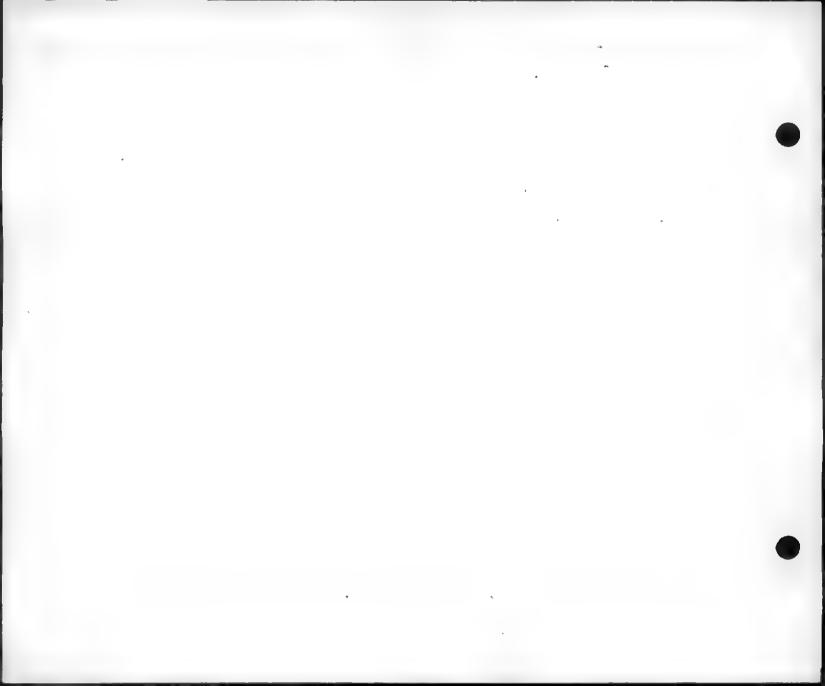
ADDRESS N. W. 250 RECD BY REGISTRAR 250 REGISTRARS 2/24/66 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Bernard Danzansky & Sons-3501 14th St., FEB Miarley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY h COUNTY Prince George's Page Prince George's MARYLAND delay deat b. CIY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and a ve nearest tawn) ll days CheverIv Lanham d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS durs with farm State | Prince George General Hospital Princess Garden Fkwy. YES NO 2 This certificate shauld be executed within 24 haurs after death 3 NAME OF DATE Middle DECEASED (Type or print) Esther Goldberg DEATH ong \ SSEX 6. CO. OR OR RACE 8. DATE OF BIRTH 9 AGE (n veors IF JNDER YEAR F JNDER 24 HRS 7 MARRIED NEVER MARRIED lost b rthday) Months W DOWED DIVORCED 6-30-1884 Female Uhite pencil in frem 1: 10o JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Examiner s Housewife Russia Russia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ unknovm Leah unknown IS WAS DECEASED EVER IN J.S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Chief Medical permit. (Yes, no ar unknown) (If yes give wor or dotes of service) 578-50-3183 Irving Goldberg 5507 Durbin Rd., Bethesda, M 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart failure Б MMEDIATE CAUSE (o) cremation, DUE TO Conditions, if ony, which gove From Arteriosclerotic heart disease unknown 2 nse to immediate couse (a). DUE TO Following excision of carcinoma of colon stating the underlying couse o farwarded lost. pasn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO 19 WAS AUTOPSY PERFORMED? NO 0 4 shauld be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of term 181) 3 shauld PRIMARY Or CONTRIBUTING **IXAMINER:** CAUSE OF DEATH. designated agent, 20c. I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While may be retained for your FUNERAL DIRECTOR: Page at work ot work 2) I certify that I taok charge of the remains described above, held an Autapsy Inquiry 50, Inspection X. and in my opinion funeral director. death resulted from: Natural causes 30 - Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 may 170 FUNER Riverdalc, Md. 2-15-66 Wehoe. NAME (Type) John Address (Street, city, town, or county) the 23o BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Buria King David Mem. Garden Falls Church. 24 FUNERAL DIRECTOR ADDRESS 250_RECID BY REGISTRAR 25b REGISTRAR S SIGNATURE

VR A15ME (5) 6M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please amove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and trans event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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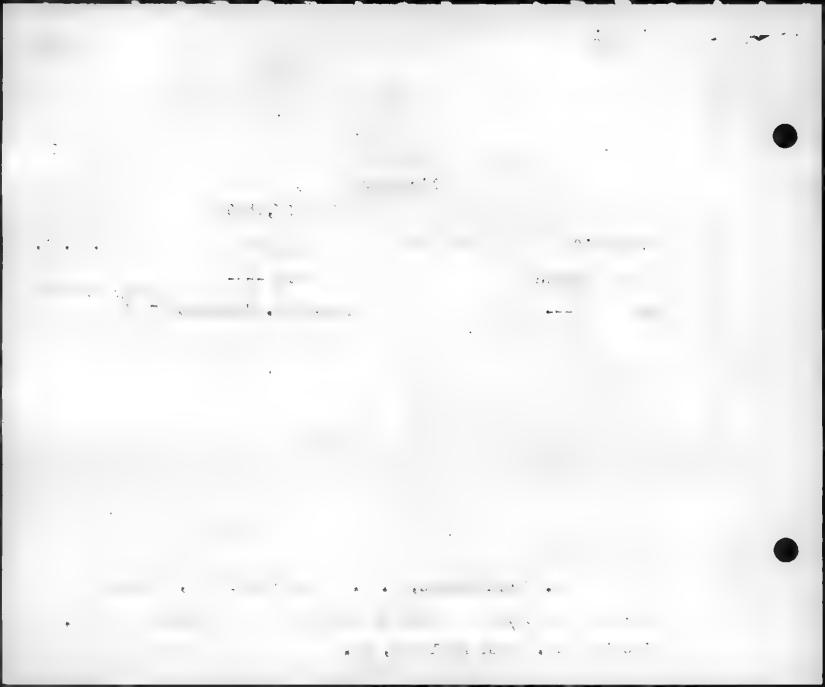
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	U4636	GERTIFICATE	UF DEATH		02113
Ι.	PLACE OF DEATH a. CQUNTY				tion: Residence belore admission)
	ile worlder	MARYLAND	a. STATE	b. COUNTY	and the Consultation
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write	RURAL and give nearest town)
	choventy				/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Phinas Ganas & Canan	ol Hospital	Route Jan		YES NO
	NAME OF FIRST	Middle	Last 4. DA	TE Month	Day Year
	(Type or print)	Elizabeth	DE	EATH	19
5.	SEX 6. COLOR OR RACE 7. MARRIED	DESTRUCTOR DESTRUCTION OF THE PERSON OF THE	. DATE OF BIRTH	9. AGE (In years IFL Mo	INDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED	1 1	July 25,1886	yrs.	
	USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (County & S	tate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife 01	wn Heme	Maryland		U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Jerry Watsen		Mary	-	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S t, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	me as Item
_]		R	eland E. Gel	ismith #	2
	18. CAUSE OF DEATH [Enter only one cause per lif	ne for (a), (b), and (c).]	0 1	1 -	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	A CHARACTER	+ Convestiv	r Heart la	illure
1	475 X DUE TO	~ 1		11	
-	Conditions, If any, which } (b)	Pheum	onial		
	gave rise to immediate (cause (a), stating the DUE TO				
_	underlying cause last. (c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
3	1- Item os cerone Erdi	Duascular D	Zease		YES NO X
=	20a. ACCIDENT WAS UNDERLYING TO 1 20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury I	in Part I or Part II of It	em 18.)
3	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	Harry & an	factor	E OF INJURY (Home, farm, 20 y, street, office bldg., etc.))f. (City or town)	(County) (State)
MED	Hour a.m. While p.m. 19 at work	MOT WILL TO I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
	21. I certify that (I) (this hospital) attende				1966, that (I) (we) last
	saw the deceased alive on	بنيو 19 and that	death occurred at	Offom the causes and	on the date stated above.
-	22a. SIGNATURE			2:	2b. DATE SIGNED
1	will to mes	M.D.		R PHYS.	7/20/66
ŀ	22c. PHYSICIAN'S NAME (Type) A. Clark He.	lmes M. D	Upper Marl	neme Meny	and beef
	No OTHER DO.	Lnes, M. D.	obbar warr	Jeres Mary	THE STATE OF THE S
	District Americanian and Armanian		an applicable	A COLATION WILL A	
	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		LOCATION (City, town	202
,		23c. NAME OF CEMETERY IMPRING CO	me tery He	LOCATION (City, town	Md.

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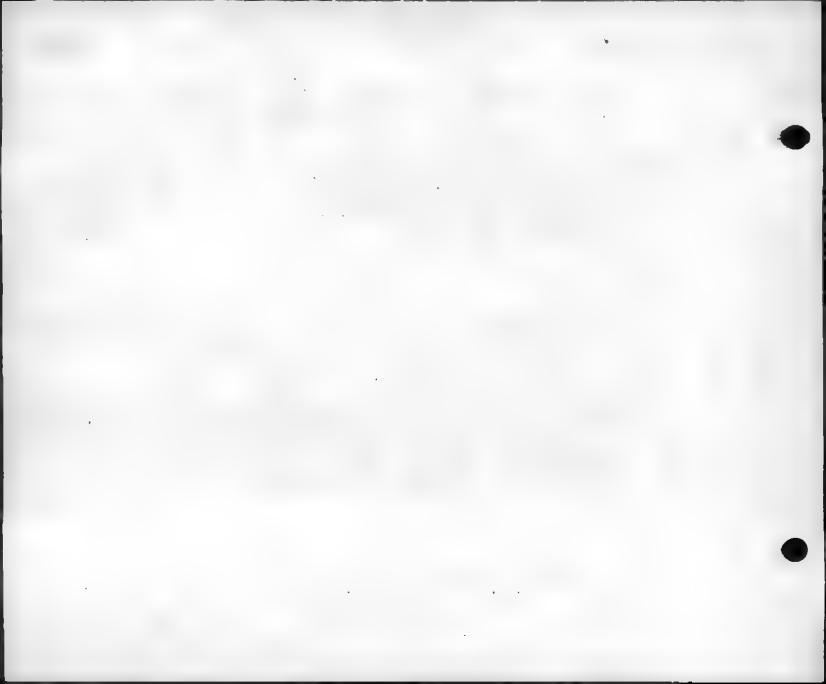


FOR STAYE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Grow Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	02712	ı	/IEDICA	L EXAMINER'S	S	CERTIFICATE	OF DEATH	02681
1.	PLACE OF DEATH	4					E (Where deceased lived, If Institution:	Residence before admission)
		rince Geor	re1s	MARYLANI	n	a. STATE Haryland	b. COUNTY	George 's
	b. CITY OR TOW	N (If outside corpor and give nearest to	rate Ilmits.	c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corporate limits, write RUR	
	Chever]		14411)	DCA		Clinton		11 1
			ION (If not in	hospital, give street addre	ess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Prince Go	eorge Gene	ral Hos	pital		8419 Suratt	ts Road	YES NO
3.	NAME OF DECEASED		First	Middle		Last	4. DATE Month /	Day Year
	(Type or print)	Roche		Tamara		odwin	DEATH 2	20 19 66
5.	SEX	6. COLOR OR RACI	F 7. MARRIEI	D NEVER MARRIED	3 8	. DATE OF BIRTH	9. AGE (In years IF UND) last birthday) Months	
	'emale	Negro	WIDOWE		3 1	-9-1965] утв.	
10. du	a. USUAL OCCUPAT	10N (Give kind of wor ing life, even if retir	k done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (St		CITIZEN OF WHAT COUNTRY?
				11000		Maryla	and	USA
1	. FATHER'S NAM	_				14. MOTHER'S MAID		
i	James L.	Goodwin	1			Jeanne	Hamilton	
		EVER IN U.S. ARMED:		6. SOCIAL SECURITY NO.	17.	INFORMANT	Address	
	to a stop on william.	(11300 green mile)	301361007		Je	anne E. Go	oodwin 9555 Da	rcy Road
-			*	line for (e), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	EATH WAS CAUSED E IMMEDIATE CAUS	3Y: 3E (a)ASI	piration of s	ton	ach content	S	OHOLI AND VE
	492	V	JE TO					
	Conditions, if		(b) <u>Fr</u>	om virus pre	umc	nitis		
	gave rise to cause (a), st		JE TO					
	underlying caus		(c)				- ACMEDITION OF THE INDOCT TO	110 Wes AllTonov
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDIT	CIONS CONTRIB	BUTING TO DEATH BUT NOT	RELAT	TED TO THE TERMINAL O	ISEASE CONDITION GIVEN IN PART 1	PERFURMEDI
ICA								YES NO
FE	20a. EXTERNAL PRIMARY OF	CONTRIBUTING	20b.	DESCRIBE HOW INJURY	occur	RRED, (Enter nature of	injury in Part I or Pert II of Item :	18.)
3								
EDICAL	20c. TIME OF	INJURY Month, Day	3,			CE OF INJURY (Home, fa ry, street, office bldg., et		county) (State)
E E	Hour a.r		While two	le Not While at work		_		
	21. I certify	y that I took char	ge of the re	emains described above	, held	d an Autopsy 🔀 ,	Inspection X, Inquiry X	
	death result	ed from: Natur	ral causes 🕃	Accident,	Suid	cide, Homicio	de 🔲. Undetermined manne	r 🔲
		1	W /			CHIEF MEDICAL		an Althalaum
	ACTUAL SIGNATURE	may 1	LI	7		_M.D. ASSISTANT MED		22. DATE SIGNED
	EXAMINER'S	ohn Kehoe	M.D.	Riverdale, N	id.	•	AL EXAMINER X	2-21-66
22	I HRUIT (11hold	ATION 23b. DAT		23c. NAME OF CEME			t, city, town, or county)	
23	REMOVAL	acity) .					Washington, D	
2	Burial 4. FUNERAL DIRE	_ + 11/1		Mt. Olivet		25a. REC		AR'S SIGNATURE
		Funeral	Home 4	001 Benning	j F			Pan Quelas.

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executed within 24 hours after death.

TO WESTITME OR SITERING PRESIDENT THE law requires that the Tenth contincate be Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after each.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11006.33

1940 0 Z 19	OFKILLOWIE OF DEV	111	1161102
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIE	ENCE (Where deceased lived, If institution:	Residence before admission)
Prince Georges	MARYLAND B. STATE Ma	ryland b. county	Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1D C. CITY OR TOWN	(If outside corporate limits, write RURA	L and give nearest town)
Hyattsville, Md	Hyatts	sville, Md.	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		ESS	e. IS RESIDENCE ON A FARM?
4204 East West Highw	4204	East West Highway	YES NO X
3. NAME OF FIRST	Middle Last	4. DATE Month	Day Year
(Type or print) Harry	V. Gordon	DEATH PED	27, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
male white widowed [DIVORCED Aug 12, J	.892 73 yrs. Wolldis	Days Hours with.
	DUSTRY	E (County & State, or fereign country) 12.	CITIZEN OF WHAT
Retired Pressman U S	Government Marion	County Indiana	USA
Willard G. Gordo		nora Norris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITYNO. 17. INFORMANT	Address	
W W 1 (213	3 38 3221 Grace Mari	le Gordon Hyattsvil	le, Md.
18. CAUSE DF DEATH (Enter only one cause per lin	ne for (a), (b), and (c).1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	and Oll Markens		ONSET AND DEATH
1 4 5 X DUE TO	and the same		1
Conditions if any which	Other Heart dre	und-	1000
gave rise to immediate (b) Que TO	The state of the s		
cause (a), stating the DUE ID underlying cause last.	,		
10/	TING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(2	1) 19. WAS AUTOPSY PERFORMED?
I A			YES NO
I ≲ OR CONTRIBUTING □ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter natur	e of injury in Part i or Part II of Item 1	(8.)
191 1 11 11 11 11 11 11 11 11 11 11 11 1	NJURY OCCURRED 20e. PLACE OF INJURY (Home	e, farm, 20f. (City or town) (City or town)	ounty) (State)
P.m. 19 at work	- NOT WHILE -		
21. I certify that (I) (this hospital) attende		, 197/, to 2-27, 19,	that (I) (we) last
saw the deceased alive on de de-	1944, and that death occurred	at 43 3 PM, from the causes and on	
22a. SIGNATURE	ATTENDINGS	MED. STAFF - 22b.	DATE SIGNED
Bh Ellen	M.D. PHYS.		78-66
NAME (Type) John Cl	lum 22d. ADDRES	s tsville, Maryland	/
233 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR BENNATORIX	23d. LOCATION (City, town or c	county) (State)
Burial 3/3/66	Washington Park	Marion Co.	Indiana
24. FUNERAL DIRECTOR	ADDRESS 25a.	REC'D BY REGISTRAR 25b. REGISTRA	
Francis Gasch's Sons Hyat	ttsville. Maryland lowe	AR 1 1966 Peliane	en judge



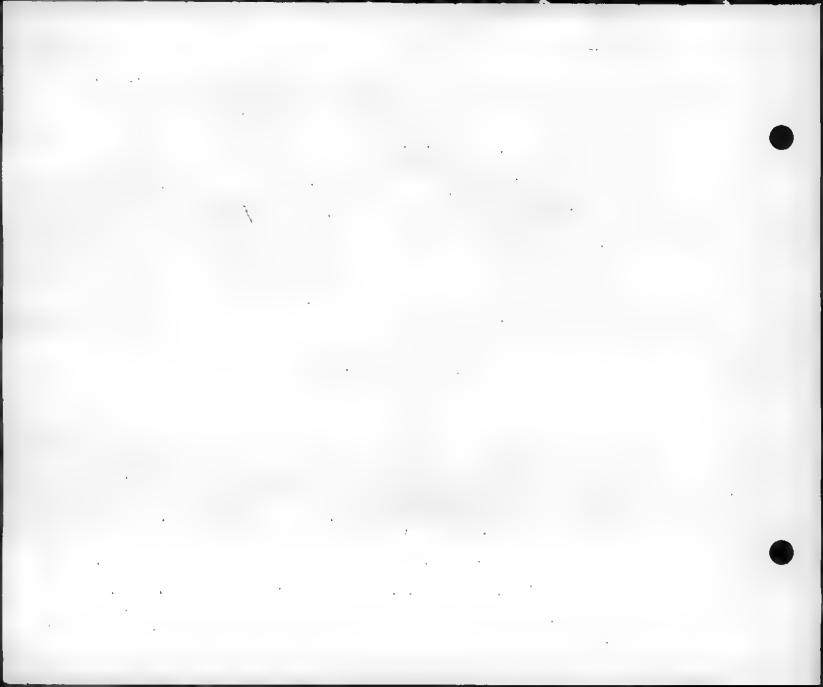
TO NOBILIAL OR NITENDING PRYMICAN: The lam requires that the death certificate be "michtal mithin 24 hours after weath."

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral mirector, page I should be Tetacled for use as tile burial-transit permit. Then please regove carbon papers. Pages I and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, adding event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
32714 CERTIFICATE OF DEATH

			1714 1717						
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Ro							
	a. county Prince George's MARYLAND	a. SIATE b. COUNTY Prince (George's						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
	Cheverly 2 days	Brandywine	, 1						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
	Prince George's General Hospital	Box 116	YES NO Z						
3	NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year						
-	(Type or print) William	Graham DEATH February	19 19 66						
5.	1. MAKKIED CA MEACH MAKKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER:							
	Male Negro widowed Divorced	(D-8-1874 86 yrs.	Days Hours Min.						
1Da dur	I. USUAL DCCUPATION (Give kind of work done lob. KIND DF BUSINESS OR ling most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. C!	TIZEN OF WHAT						
	Rail road laborer	Prince Georges Co.							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Unknown	Mary Graham							
15. (Ye	s. no. or unknown) idiffer nive war or datus of sorving);	INFORMANT / OL Address	116						
	Ja	imes R. Graham Kt. 1- 1304.	e. Md.						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		ONSET AND DEATH						
	/ Ø / DUE TO								
	Conditions, If any, which \ Possible bone cancer								
	gave rise to Immediate cause (a), stating the DUE TD								
	underlying cause last. (c)								
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?						
ICA			YES NO						
RTIF	2Da. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
	DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)						
MEDICAL	Hour a.m. White Not While at work at work	4.7. Street, Onice Didg., Etc.)							
	21. I certify that (I) (this hospital) attended the deceased from Fe	b. 17 , 1966, to Feb. 19, 1966	5 that (I) (we) last						
		death occurred a 6:15 M, from the causes and on the	e date stated above.						
	22a. SIGNATURE	DM 22b. DA	TE SIGNED						
-	Edun Valreien M.D	ATTENDING MED CTAFE	. 21, 1966						
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
_	Edwin J. Jensen, M.D.	Prince George's Genl. Hosp.	Cheverly, Md						
23a.	REMOVAL (Specify) 23b, DATE THEREOF 23c, NAME OF, CEMETERY	OR CREMAJORY 23d. LOCATION (City, town or cou.	nty) (State)						
	Bureal St. Peters C	hurch Cem. Waldrey, Chas	. Co. Md.						
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 28b. REGISTRAR'S							
	Madell adams aguasco,	Md. DATEB 25 1936 Milanla	o Judge						



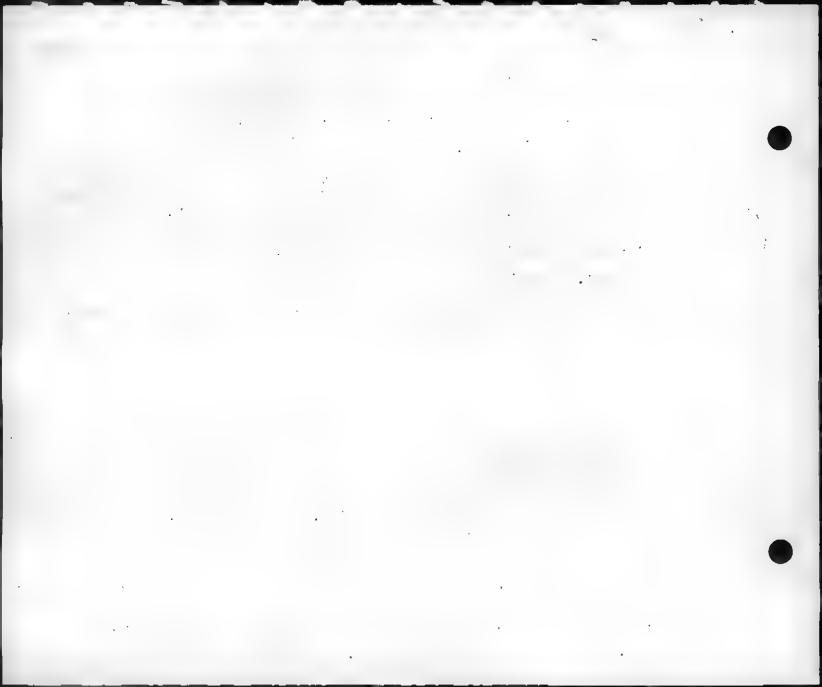
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after death. xacute O NOTRITAL OF ATTERNO BY THE PARTIES IN THE IAW requires that the leath certificate by Page 4 may be retained by the Compital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Sign CERTIFICATE OF DEATH

				116004
a. COUNTY	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If Institu	ution: Residence before admission)
b. CITY OR TOWN (if outside corporate limits. c. LENGTH		A CITY OR TOWN (IE o	utside corporate limits, write	DUDAL and also pearest town
write RURAL and give nearest town)		,	deside corporate innes, write	KOKAL and Blac hearest town)
1 111	rs. 10 mir	1.	di ta a a a a a a	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS	5	e. IS RESIDENCE
TEATHER 430 Fige's acrise, as a	iusy.	4	. ve	ON A FARM?
	lddle	Last	4. DATE Month	Oay Year
(Type or print) UUY		To watt	DEATH 2	27 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIEO 8.	OATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR HE HINDER 24 HRS.
	DIVORCED	5-23-03	last birthday) Mc	onths Oays Hours Min.
10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DE BUSI			nty & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY				COUNTRY?
Retired steamfitter Constru		Virginia		UDA
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Edward Gravatt		Lucy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECTIONS, no, or unknown) ((If yes give war or dates of service)	JRITYNO. 17. IN	YFDRMANT	Address	
no 578 10 C	565 Ha	ble M Grave	att Universit	y Park, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (l	o), and (c).]			INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GCOT		chiel as	122 -	ONSET AND DEATH
A 4/X DUE TO				
Conditions If any which \				
gave rise to immediate				
cause (a), stating the DUE TO				
underlying cause last. (c)				
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20a. ACCIDENT WAS UNDERLYING 20b. Describe Ho or contributing cause of death (if either, notify medical examiner)	TH BUT NOT RELATE	D TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMEO?
20a. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HO	W INJURY OCCURE	RED. (Enter nature of I	njury in Part 1 or Part 11 of it	
	A CONTRACTOR OF THE CONTRACTOR	emps (missas sincer o vi i	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU Hour a.m. p.m. 19 at work at wor		OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
Hour a.m. 19 while Not wh	118 911	, street, office bldg., etc	·.) <	
p.m. 19 at work at wor 21. I certify that RP (this hospital) attended the deci	-	eb. 27 19	66 to Feb 27	1966 , that (% (we) last
saw the deceased alive on Feb. 27 19	40040 HONE	leath occurred at	* M If the Causes and	d on the date stated above.
22a. SIGNATURE	onu mat u	Cacil Occolled at	1 2	2b. DATE SIGNEO
Saller Santa			En STAFE	
22c. PHYSICIAN'S	M.O.		RECTOR PHYS. XX	2-28-66
NAME (Type) Edwin d. Jensen		Prince Geo	orge's Genl Hos	. Cheverly Md.
232 BURIAL, CREMATION, 230. DATE THEREOF 23c. NAM	ME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town	or county) (State)
Burial March 2, 1966 Ceda	n H411 C.		0	_
Burial March 2, 1966 Ceda 24. FUNERAL DIRECTOR ADDR	r Hill C∈	25a. REC	Suitland M	STRAR'S SIGNATURE
	7 - 241	MAR	fà Cash	4 (1
F. Gasch's Sons Hyattsvil	le, Md.	DAMELTIN	0 1000 1	welly Judge

VR A15.(4) 20M 1/65

TO HOMPITAL

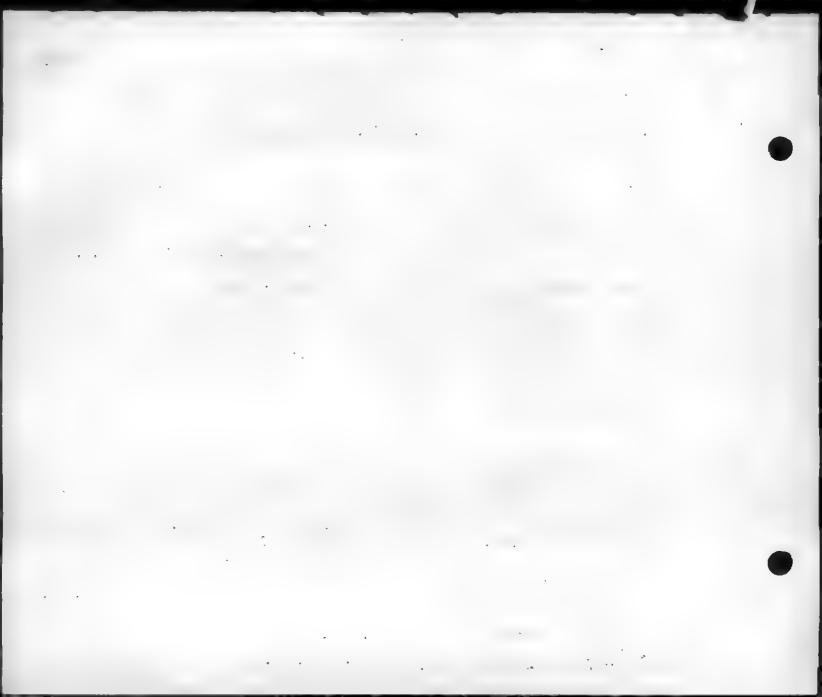


TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician empletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a weight within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 4 1 8 2

	TO ALL DE JE NO		OLIVI	HIONIN	OI DEATH			
1.	PLACE DF DEAT a. CDUNTY	H	The state of the s	2	. USUAL RESIDENC	E (Where deceased	lived, If institution: F	Residence before admission)
	b. CITY OR TOW write RURAL	George ! S 'N (if outside corporate li and give nearest town)	mits, c. LENGTH Di	MARYLAND C	Marylan . CITY DR TOWN (IF	outside corpora	Prince (George 1s. and give nearest town)
_	d. NAME OF HO	TY SPITAL OR INSTITUTION (I	8hr. 3 f not in hospital, give st	reet address) d	Upper M	arlboro		8. IS RESIDENCE ON A FARM?
	Prince	George's Gen	eral Hospita	1			4.0	YES NO
3.	NAME DF DECEASED (Type or print)	First Baby	Boy		Last Gray	4. DATE DF DEATH	Month February	Day Year 10 19 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MA	ARRIED XX 8.	DATE OF BIRTH	9. AG	E (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	Male	1 0	/IDDWED DIV	ORCED Fe	bruary 10,	Tapp	t birthday) Months yrs.	8 3
10a dui	I. USUAL OCCUPAT	IDN (Give kind of work don- ing life, even if retired)	10b. KIND OF BUSINE		11. BIRTHPLACE (Ce		C	ITIZEN OF WHAT DUNTRY?
		,		1	rince Geor	·	ryland U	S.A.
13	. FATHER'S NAM	IE		1	4. MOTHER'S MAID	EN NAME		
	James 1			<u> </u>	Gladys Mad	e Gray		
(Y	es, no, or unkown)	EVER IN U.S. ARMED FDRCE (If yes give war or dates of ser	S? + 16. SOCIAL SECUR	ITY NO. 17. IN	FDRMANT		Address	
	no							
		DEATH [Enter only one ca	use per line for (a), (b),	and (c).1			-	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Melect	221	resun	tarun	v	
	AND ROW	DUE TO	0	-				
	Conditions, if		Trema	lunter				
	gave rise to cause (a), s	immediate (0				
	underlying caus							
CATION	PART IL OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUTNOTRELATE	TO THE TERMINAL D	ISEASECONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, ND	WAS UNDERLYING ING CAUSE DE DEATH TIFY MEDICAL EXAMINER	20b. DESCRIBE HOW	INJURY DCCURR	ED. (Enter nature of	Injury in Part I	or Part II of Item 18	3.)
MEDICAL	20c. TIME DF Hour a.	INJURY Month, Day, Yea		factory	OF INJURY (Home, fa street, office bldg., et	rm, 20f. (City	or town) (Co	unty) (State)
2		fy that 🗱 (this hospita		sed from Feb	. 10 10	66 to Fe	b. 10 196	6 , that (K (we) last
		ceased alive on Fel	1. 10 19 6	6 and that d				the date stated above.
	22a. SIGNATU			and the time of				DATE SIGNED
	8de	worlding	Lugary.	of M.D.	ATTENDING PHYS.		STAFF 2/1	8/66
	22c. PHYSICI.	unal	17.		22d. ADDRESS			11
	NAME (T	Edmond	Rodriguez		3611 Bran	ch Ave.	Hillcrest	ngt. ma.
23	a. BURIAL, CREI REMOVAL (Sp	MATION, 23b. DATE THE	12 11	OF CEMETERY OF	R CREMATORY	23d. LOCAT	ION (City, town or co	ounty) (State)
	crematic	on 2 /26/6 6	Prince	Geo. Ger	1. Hosp. 25a. REC	Cheve	erly Maryl	and -
	Man !	Brken As	sist Helm. H	arry W. 1	Penn, Maria	7 1 5 199	6 /11/2	Indge =
4			17					

VR A15 (4) 5 20M 1/65



	1	N. A.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
	Ī	IX	CERTIFICATE OF DEATH.								
- 4	ath.	and 2	1600 1 1110 11/1 1/1 1/1								
11	after death	r deat	a. COUNTY b. COUNTY								
The same	ifter	une i ges 1 after	Prince George's MARYLANO D. CITY OR TOWN (if outside corporate limits, I c. LENGTH OF STAY IN 1D c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)								
		Pag S	write RURAL and give nearest town)								
		13. 13.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIGENCE								
		papers.	Southern Maryland Hospital 12220 New Fort Rd. S.E. VES No No No								
	within										
	i wi	npietery carbon ent, witi	(Type or print) David Franklin Green DEATH Feb 26 1966								
	executed	and comple remove cart any event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Oays Hours Min.								
	xec	e m d	M WIDOWED OIVORCED 2 - 27 - 96 69 70 yrs.								
		Se la	10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even If retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	ite I	pnysician a in please re wal, and in	ENGINEER GOUT. 13. FATHER'S NAME 1 24. MOTHER'S MAIDEN NAME								
	ifica	attending pri srmit. Then p in, or removal,	EARLY TONE BEEL								
	cert	rem rem	15 Was DESASTA DUE 18 LO ADMINISTRAÇÃO LAS COMA REGIDITAMO LAS INFORMATION DE AMERICA DE								
	# #	mit.	(Yes, no, or unknown) (If yes give war or dates of service) 007-09-6192								
	- G	per per tion	yes Army Alvey F. Green 8625 Riverview Rd. [18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]								
	ding physician.	ned by the attend al-transit permit. al, cremation, or r	PART I. DEATH WAS CAUSED BY:								
	hatician	n signed to burial-trar burial, cre	4./.1.1								
	es t	SIS U.T.	Conditions, If any, which (b) A S C V D								
	aging and and and and and and and and and and	0 o 2	gave rise to Immediate Course (a), stating the DUE TO								
			underlying cause last. (c) Change a Danier Change and the company								
	at a	use as use as alth pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
	The l	or use Health	Probably Bro ide Intoxication.								
	PHYSICIAN: the hospital	r this certificate in detached for use te Dept. of Health (Probably Bro ide Intoxication. Probably Bro ide Intoxication YES NO								
	PHYS the	detail detail te De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work								
	D S	Arter d be c s State	Hour a.m. While Not While at work at work								
			21. I certify that (I) (this hospital) attended the deceased from 2 - 22 - 6619 to 2 - 26 1966, that (I) (we) last								
	ATTENDI	DIRECTOR: A	saw the deceased alive on 2 - 26 1966, and that death occurred at 2:35 M, from the causes and on the date stated above.								
	DR A	d w	ATTENDING MED. PTT STAFF								
	may may		22c. PHYSICIAN'S PHYS. DIRECTOR PHYS. 2 = 26 = 66								
	SPIT 4 m	2 - B	NAME (Type) Alfred R. Lapin M.D. Southern Maryland Hospital								
			23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
	2";	2 9 42	BRADENS (SPECIFY) 3-1-66 TRIVITY MOMORIAL PROFINS—WALGORF, Md 24. FUNERAL PIRECTOR REGISTRAR'S SIGNATURE AGORESS 12594 REGISTRAR'S SIGNATURE								
	VR A	15 (4) B	at the of								
	20M	1/65	DATE DATE								



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	LINUOII _
1. PLACE OF DEATH ;	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Frence (180798) MARYLAND	a. STATE b. COUNTY
b, CITY OR TOWN (if outside corporate limits.) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write Hural and give nearest town)	m+ 1/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Frint R. In.	1/ 1/1/ ON A FARM?
- rainer Dranch Skiriting Name,	1 42/2 28 " TILLEY YES NOW
3. NAME OF ENDIA FIRST BINATECHE	Last 4. DATE Month Day Year
(Type or print) 1774767	Janmanch DEATH 2 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1886 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last blunday) Months Days Hours Min.
WIDOWED DIVORCED	2-2-16-19 BO Trs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11 BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired)	Balt and my
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
laborate discourse	Titalia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	
No Mi	James M. Hammond (above address)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(HUSDEADD) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: HypenTensive (A.	adio VASCULAR VISCASE IVAS
DUE TO	
Conditions if any which ? GON CRAL/ZE	d ANTENIOSCLENOSIS SURS
gave rise to Immediate	
cause (a), stating the OUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
A LAW III DIRECTION CONTINUES CONTRIBUTION BUT NOT KEE	PERFORMEO?
2	YES NO L
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTREL 200. ACCIOENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING 1 CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
I WALLS CONT WHILE COLUMNIES	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased from	$\frac{2}{5}$, $19\frac{52}{10}$, to $\frac{2}{3}$, 1966 , that (1) (we) last
	t death occurred at // M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING ALED. STAFF 2./2/66
M.	D. PHYS. PHYS. PHYS.
22c. PHYSICIAN'S NAME (Type) NORMAN). Comeru	3503 Penny ST mJ Manyer
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Malley's Mt.	Raj.nier 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Funeral Fome Inc. Maryland	DATE LOS 100

VR A15 (4) 20M 1/65



= filled i within etely mple ician, þe attending p attending physician. PHYSICIAN:

> VR A15 (4) 20M 1/65

O HOSPITAL



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 bours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law majures that the death certificate be executed within 24 hours after heath. Page 4 may be retained by the hospital or attending physician.

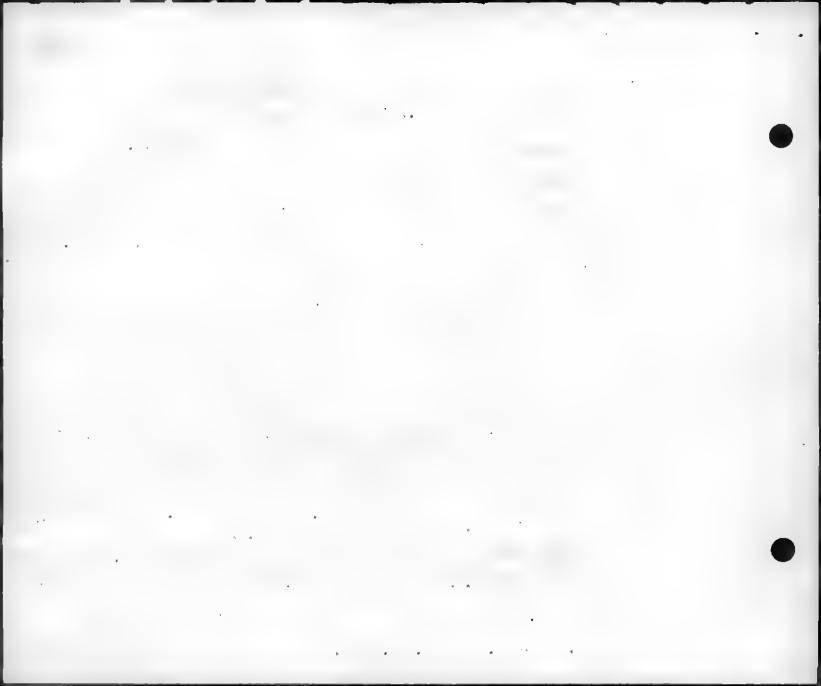
MARYLAND STATE DEPARTMENT OF HEALTH								
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
02720 CERTIFICAT	E OF DEATH 02688_							
PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission)							
Prince Georges MARYLAND	District of Columbia /							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Rural (Glenn Dale) 1 mo.,27 days	Washington							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRÉSS Apt.# 101 e. IS RESIDENCE ON A FARM?							
Glenn Dale Hospital	1900 Minnesota Ave., S.E. YES NO X							
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) Annie Gertrude	Harding DEATH February 5 19 66							
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
emale White WIDOWED DIVORCED	Sept. 11,1882 83 yrs.							
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Housewife -	Sykesville (Carroll) Md. U.S.A.							
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Frederick Husselbaugh	Mary Strover							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give was or dates of service)	INFORMANT Address							
	erson							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	aumortosis, Reimany Sile underkemined Diantion-in-							
DUE TO (PAGRABY PANCE	KNI ANS)							
Conditions, If any, which (b)								
gave rise to immediate cause (a), stating the DUE TO								
underlying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
KIN Generalized ARTEMOSCIEROSIS With	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Attentos cleretic Heart Disease of Land Yes, NO Depart 10 of Injury in Part 1 or Part 11 of Item 18.)							
20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)							
	Dec. 8 , 1965, to Feb. 5 , 1966, that (I) (we) last							
	at death occurred a6:05 M, from the causes and on the date stated above.							
322 CICNATURE # #	1 22h DATE SIGNED							

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. ADDRESS February PHYSICIAN'S NAME (Type) 22¢. Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) Burial (State) 23a 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Burial Feb. 7th 1966 Cedar Hill Cemetery Suitland, Maryland

24. FUNERAL DIRECTOR BLOS, ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
Simmons Bros. 1661- Gd. Hope Rd. SE. Wash. DC DATE 9 1966 Flourley Judge

VR AL5 (4) 20M 1/65

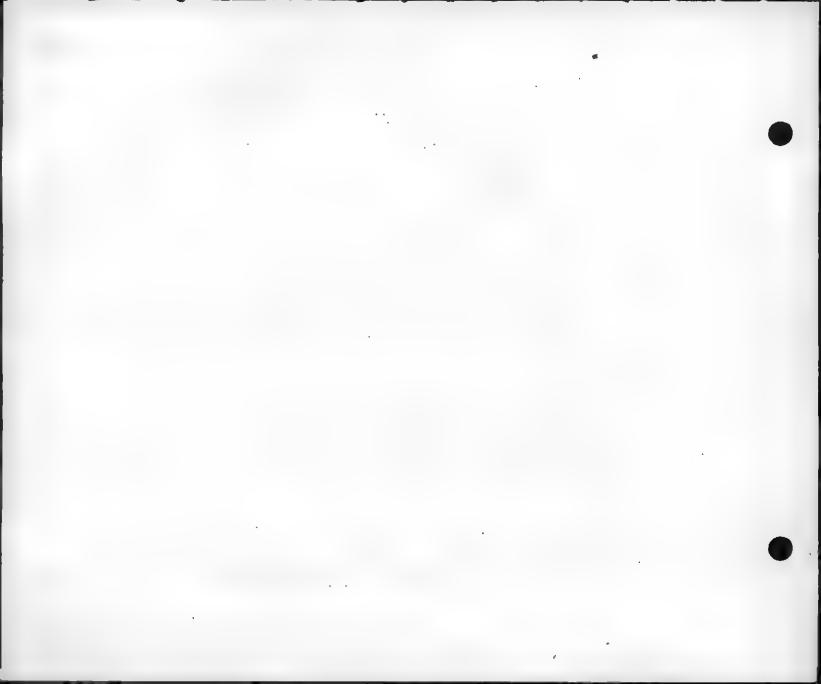


MARYLAND STATE DEPARTMENT OF HEALTH

NO

NO F

VR A15 (4) 20M 1/65



P.M.3. Page with the State Department of w thin 72 hours ofter death. the funeral director. Page 4 should be farworded to the Chief Medical Examinar's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit File pages (Cod.)

in pencil in Item 18 Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death if

necestary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

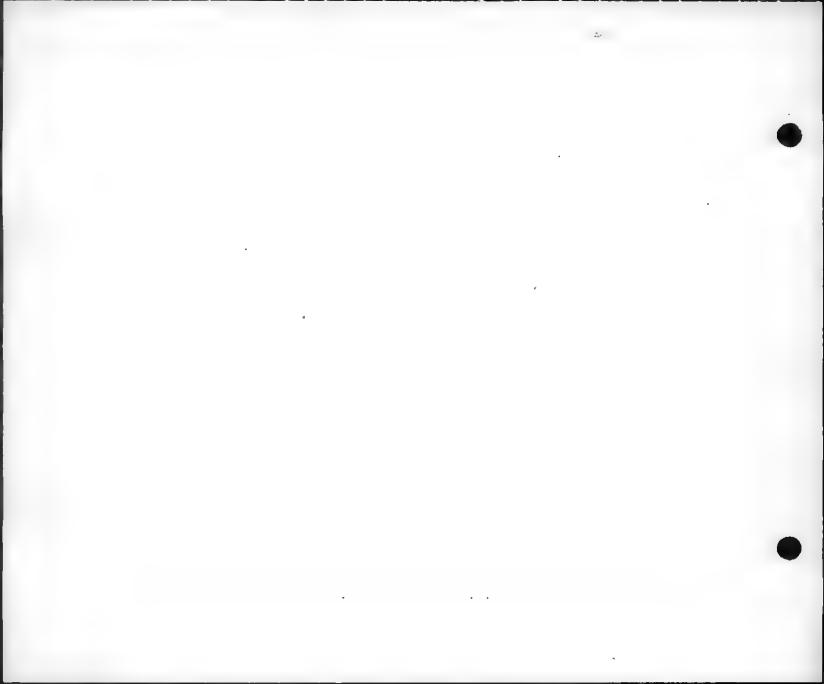
deloy is

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CEDTIEICATE	OF DEATH
MEDICAL	EXAMINER 2	CERTIFICATE	UT DEATH

	PLACE OF DEATH					2 USUAL RESIDEN	ICE (Where de			ice before admission)
	a. COUNTY	0 +		443 7537 44	rD.	o STATE	,		DUNTY	,
		nce George's		MARYLAN	_	Marylan	nd .	Pr	nnce G	eorge 's
	b. CIT UK IOWN (If outside corporate imits, digital give nearest town)		C LENGTH OF STAY N I	D	C ETTY OR TOWN (It outside (or	porote mits, wrste l	KUKAL ond g v	e neorest town)
	Cheverl			DOA		Landoye:	פך			/ / !
	d NAME OF HOSP T	AL OR INSTITUTION (If not in	nospital, a			d STREET ADDRESS				e S RESIDENCE
										ON A FARM?
		<u>corge Genera</u>	<u>L Hos</u>	pital		3605 St.	<u>Johns</u>	Mace		YES NO be
	NAME OF	First		Middle		Lost	4 DA	TE Mi	onth	Doy Year
	DECEASED (Type or print)	Poconno		Marie		Hoag	OF DE/	TH O		27 19 66
-	SEX	Roseanne	MARR ED		-16	DATE OF BIRTH		9 AGE (In years	IF UNDER	
1	JEX.			NEVER MARRIED	21			lost birthday)		Days Hours Min.
F	emale		WIDOWED	DIVOR (ED	_] [26 Oct. 19	964] Yrs.		
10c	USUAL OCCUPATION	(Give kind of work done		ND OF BUS NESS OR		1. BIRTHPLACE (S		n country)	12 C	TIZEN OF WHAT
dυr	ing most of working	life, even if retired)	IN	DUSTRY		Machin		D C	(0	UNTRY? USA
_		a				14 MOTHER'S MAIL	ig con	D. C.		UDA
13.	FATHER S NAME				- 1					
	Ric	hard D. Hoa	10			Anne C.	Co11	lins		
15	WAS DECEASED EVE	R IN S ARMED FORCES?	16 '	SOCIAL SECURITY NO	17 1	NFORMANT			dress	
(Y+	es, no, or unknown)	(If yes give wor or dotes of se	rvice)	-	/s em s	an C Na	000	<	0000 0	0 12
	NO				57111	ne C. Ho	ag	ی	ame a	S 1/4
		EATH (Enter only one couse p	er line for	(a), (b), and (c))						INTERVAL BETWEEN
1	PART I. DEAT	TH WAS CAUSED BY	Acut	e pulmonary	ed	ema.				ONSET AND DEATH
1	491)	DUE TO		<u> </u>						
1	Conditions, if ony, which gove) (b) From bronchopneumonia									
ı	nse to immediat	e couse (a)	umo	nia						
	stoting the under									
	last.) (c)								
	DADT I OTHER SI	GNIFICANT CONDITIONS CONT	D D T N.C. T	O DEATH D. T. NOT DELATED	n In I	US TEDAR MA DISSASS	CONDITION	CAVEN IN DART 1(a)		19 WAS AUTOPSY
8	PART UTTER SE	GHALL CONDITIONS CONT.	K DUT NO	O DEATH BUT NOT KELATEL	0 10 1	LE TERM SIAL DISEASE	COMDITION	STATES IN LWK. (0)		PERFORMED?
A										YES 🔣 NO
MEDICAL CERTIFICATION	200 EXTERNAL CA		20b DE	SCRIBE HOW INJURY OCCUP	RRED (Enter noture of hour	y in Port I or	Port II of item 18)		
EK	PRIMARY or CO CAUSE OF DEATH	NTRIBUTING 🗆								
AL			1 -00 1 1	U SV SV DED	DI N	T DE MUIDNES	1 1 2	1 (6)		(7)
ă	20c. TIME OF INJU Hour o.r	JRY Month, Doy, Yeor				E OF NJURY (Home, bry, street, office bldg.		If (City or town)	(60)	unty) (Stote)
X	p.r	10	While of work	of work	IDCIC	Ay, sileer, office oldy,	, 01(1.)			
		y that I taak charge a			o ho	d on Autoney [laca	oction and in	aury 🗔	and in my aninian
	death result	ted fram: Natural 9	duses 3	Accident [],	SUIC		cide [_],	Undetermined	manner	
	4670441	AU R		V -		CHIEF MED	ICAL EXAMINE	R		
	ACTUAL SIGNATURE	Jahrs /	21	-77		THATZIZZA O M	MEDICAL EXA	MINER 🔲		22. DATE SIGNED
		/ / / /				_ (ALD	EDICAL EXAMI	military.		
	EXAMINER'S NAME (Type)	John Kehoe, 1	1.D.	Riverdale,	Md			wn, or county)		2-28-66
		(-	
230	BURIAL, CREMATIC	A	F	23c NAME OF CEMETER				LOCATION (City or		(County) (State)
1	REMOVAL Specify Burial	3/2/66		Cedar Hil	1 (Cemeterv	Si	itland	l•i	aryland
24	FUNERAL DIRECTO	R		ADDRESS			REC'D BY REG		REGISTRAR'S S	
	I. Wm.	Lees Sons	300	4th St, NE	W	ash. DC.	7, 1	1000	1	1.1.0

VR ATSME (50)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived, finstitution Residence before admission) OCCUNTY
Prince George's o STATE b. COUNTY Page delay is and 3 to Ė death. Prince George's MARYIAND Marvland Department b. C TY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate amits, write RURAL and a ve nearest town) puo P.M3. 1 write RURAL and give nearest tawn)
Cheverly Beltsville DOA d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? haurs Office alang with farm 11411 Rosedale Lane Prince George's General Hospital pencil in Item 18. Give Pages ate YES NO IX certificate shauld be executed within 24 hours after death 3 NAME OF FIRST Midd e 4 DATE Month DECEASED OF the t within (Type or print) Ildridge Horton Hasten DEATH S SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED DATE OF BIRTH lost birthdov) Months Dovs Hours WIDOWED male white ent 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 C TIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Carpenter ward 'pending in penal in the Chief Medical Examiner's 13 FATHER SANAME 14 MOTHER'S MAIDEN NEME IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (I yes a ve wor or dates of service) remayal, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) MTERVÁL BETWEEN PART I, DEATH WAS CAUSED BY ONSET AND DEATH Heart Failure MMEDIATE CAUSE (o) writing the ward crematian, 4200 DUE TO Conditions if any, which gove (b) Arteriosclorotic Heart Disease vears rise to immediate couse (o), farwarded ta DUE TO stoting the underlying cause o 8 burial, a PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIF CATION certificate, NO X 0 4 should be 20o EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of item 18) prior 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Health ar its designated agent, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not While may be retained for your FUNERAL DIRECTOR: Page Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry 7 and in my opinion the funeral director. death resulted from: Natural sauses X Suicide . Accident Homic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY 3-1-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John I Riverdale, Harvland Address (Street, city town, or county) NAME OF CEMETERY BUR AL, CREMATIONS 23d LOCATION (City or Town) (County) 50 EMOVA. (Spec fy) FUNERAL DIRECTOR 2So REC D BY REGISTRAR 25b REGISTRAR'S SIGNATUR VR A 15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02724						E OF DE	ATH		{	92693
1.	PLACE OF DEAT a. COUNTY	Н		10	en 4 Film	G37		TOENCE W	ere deceased lived, If I	nstitution: Re	sidence before admission)
	P:	rince (MAR	YLANO	a. STATE	rinia	b. COL	N I A	
	b. CITY OR TOW Write RURAL	/N (if outside , and give ne	corporate li arest town)	mits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	N (If outsid	le corporate limits, v	vrite RURAL a	and give nearest town)
					6 days		McLe				
	O. NAME OF HO	SPITAL UR IN	STITUTION (it not in h	ospital, give street	address)	d. STREET ACC	RESS			o. IS RESIDENCE ON A FARM?
	E.	ugene I		Memor	rial Hospi	tal	6532		lill Dr.		YES NO
3.	NAME OF DECEASED (Type or print)		First		Middle		Last		DATE Mon OF DEATH 2		Oay Year
S.	SEX SEX	6. COLOR O	Evely	MARRIED	P. NEVER MARRII	rn 🗆 🗆	Horton B. DATE OF BIRT		19 AGE (In years	STETINDER 1	8/ 19 66 LYEAR F UNDER 24 HRS.
	female	whit		VIDOWED			9-12-85		last birthday	Months (Oays Hours Min.
					IND OF BUSINESS O			CE (County &	State, or foreign count	ry) 12. CI	TIZEN OF WHAT
our	House	ong life, even wife	ir retired)	OW	nousiry n home		Ne	w York			UNTRY?
13.	FATHER'S NAM	4E	_				14. MOTHER'S			1 0	<u></u>
	Pico		Georg				-	-			
15 (Yı	. WAS OECEASED	EVER IN U.S. #	RMED FORCE	S? 16.	SOCIAL SECURITY N		INFORMANT		Addr		
	no					I.	edical R	ecord/	Willard P	. Hort	on, son
					ine for (a), (b), and						INTERVAL BETWEEN ONSET AND OEATH
	PART I. UI	EATH WAS CA IMMEDIAT	E CAUSE (a).		Congestiv	e he	art fail	ure			
	4341		DUE TO								
	Conditions, If gave rise to		(b).								
	cause (a), s underlying caus		OUE TO								
NOI			CONDITIONS	CONTRIBL	ITING TO DEATH BUT	NOTRELA	TEO TO THE TERM	INAL DISEAS	ECONDITION GIVEN I	N PART 1(a)	19. WAS AUTOPSY
CAT		Can	cer of	the	Uterus						PERFORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT	WAS UNDERL	LYING [7]	20b. [JRY OCCU	RRED, (Enter nat	ure of Injury	In Part I or Part II	of Item 18.)	1
CE	OR CONTRIBUTE (IF EITHER, NO	TIFY MEDICA	L EXAMINER)							
ICAL	20c. TIME OF Hour a.i		th, Day, Yea	1	NJURY OCCURRED	20e. PLA	CE OF INJURY (Hory, street, office b	me, farm,	20f. (City or town)	(Coun	nty) (State)
MED	p.i		19	While at work	Called Attition Land						
	21. I certif	fy that (I) (t	his hospita	l) attende	ed the deceased		JAN.				🚣, that (I) (we) fast
		ceased alive	on9	FEE	19.6ú,	and that	death occurre	d at_/ P_	M, from the cause:		e date stated above.
	22a. SIGNATU	NE (7 1/2	71	. ,		ATTENDING	MED.	STAFF _	22b, DA	FEB. 66
	22c. PHYSICIA	AN'S	1 1	· uu	ann	M.0	PHYS. 1	OIRECT	TOR PHYS.		160.00
	NAME (T	ype C.	J. Hou	mann,	M. D.,		4404	Queens	bury Rd.,	Riverda	ale. Md
23a		MATION, 23b.	DATE THE	REOF	23c. NAME OF C	EMETERY			d. LOCATION (City,		
	REMOVAL (Spi	Fe	b 12,	1966		ivet	Cemeter		Mashingto	n D. C	
24	. FUNERAL OIRI		5	Y.T	ADDRESS	34.1	258	. REC'O BY	REGISTRAR 25b.	REGISTRAR'S	SIGNATURE
_	₽ G	asch's	ons	Нуа	ttsville,	Md.	DA	E_ 0 1	1 1908 7	17 85	. Mudge

VR AI5 (4) 20M 1/65

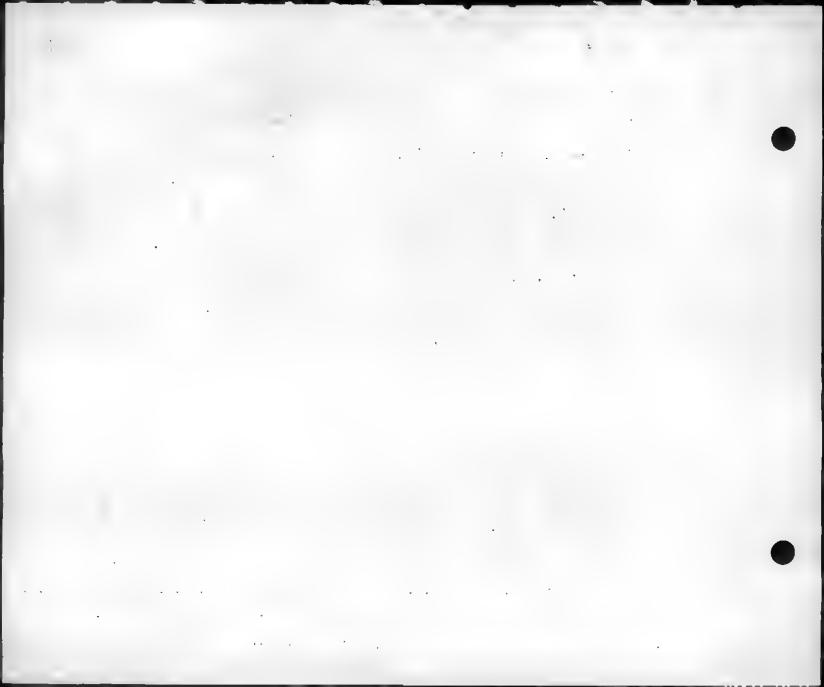


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate becauted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/and 2 sllould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

I_	CERTIFICATE OF DEATH									けんじむ	13	
1.	PLACE OF DEAT	Н			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis-							
	e. county Prince George's MARYLAND					B. STATE b. COUNTY				January In		
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b					Maryland Prince George's						
	write RURAL and give nearest town)					, ,					lest toun!	
	Cheverly 4-1/2 days					Seat Pleasant						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?	
	Prince George's General			Hospital		7 68t	h Avenue	2		YES	No 🔀	
3.	NAME OF	ECEASED ype or print) Charles		Middle		Last	4. DATE	Month		Day \	rear	
	(Type or print)					Johnson	OF DEATH	Februa	ary	1 1	9 66	
5.	SEX	6. COLOR OR RACE 7. MARRIED		NEVER MARRIED XX 8		B. DATE OF BIRTH	9. A	GE (In years LIE	HNDER 1	YEAR IF UND	ER 24 HRS.	
	Male	White	WIDOWED			March 9, 1	961	st birthday) M	on ths	Days Hour	s Min.	
10a, USUAL OCCUPATION (G ve kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT											AT	
du	ring most of work	ing life, even if retire	Pro Geo. County Md. COUNTRY?									
13	. FATHER'S NAM	E				14. MOTHER'S MAIL	· ·	PRCL #		D A		
1.0												
Edward F. Johnson Bestrice Short												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)												
	no			none		dospital r	ecords	Cheve	cly	Pid.		
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									INTERVAL E		
L	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)										U DEATH	
TIMMEDIATE CAUSE (a) CONTROL TO												
	Conditions, If	/ DUE										
gave rise to Immediate (U)												
	cause (a), st	ausa last										
Z.	underlying caus		(C)	ITING TO DEATH DUT NO	TOCLA	TER TATUE TERMINAL	VETACE ACUES	TON OTHER IN DA	DT 1(a)	119. WAS .	AUTODEY	
FICAT									OR MED?			
								YES	NO X			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Contribution Cause of Death 20b. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of Item 18.)												
CAL		NJURY Month, Day,		NJURY OCCURRED 20	e. PLA	E OF INJURY (Home, fa	rm, 20f. (CI	y or town)	(Coun	ity)	(State)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tarm, factory, street, office bidg., etc.) While at work at work at work												
21. I certify that xix(this hospital) attended the deceased from January 271966, to February 11966, that 10 (we) is saw the deceased alive on February 1 1966, and that death occurred at 10:5 %, from the causes and on the date stated about											fuel foul	
	DOS CHONETUDE											
	ATTENDING MED. STAFF CO. 40 (55											
M.D. PHYS. DIRECTOR PHYS. 2/3/										700		
NAME (Type)											0	
23a. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF CEMETERY OR GREATERY OF CHEMITERY 23d. LOCATION (City, town or county) (State) RENOVAL (Specify) 2/7/66 arlington National Arlington Va.												
24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE 1. Jacob Sons 4739 Balt. Ave, Apart ville, File 0 4000												
				, ,		DATE	9 191	b	8	12		



Page ₽ delay Deportment and Give Pages 1, Stote This certificate should be executed within 24 hours cate, writing the word pending in pencil in Item 18 the Chief Medical Examiner's writing the word the certificate, 3 should AL EXAMINER: moy be retained for your FUNERAL DIRECTOR: Page funeral director. DEPUTY ME TO FUNERAL Health or i

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO PRESTON_STREET, BALTIMORE, MARYLAND 21201 02726 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution. Residence before admission) o. COUNTY Prince George's Prince George's MARYLAND *[arvland]* b CTY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate mits write RURAL and a ve nearest town) write RURAL and give nearest town) Cheverly DOA Accokeek d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to , a ve street oddress) n STREET ADDRESS hours (Box# 460 Prince George General Hospital 3. NAME OF Middle 4 DATE Lost DECEASED (Type or print) LeRov Stanley Jones DEATH 9 AGE (n years S SEX 6. COLOR OR RACE B. DATE OF BRIM 7 MARRIED NEVER MARRIED lost birthdoy) W DOWED D VORCED 7-17-1964 event Negro 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) during most of working life, even if retired) Washington, D. C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME James Oliver Jones Matilda Dyson Johnson puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service removal. 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Broncho pneumonia Ю buriol, cremotion, Conditions, if ony, which gove and multiple injuries. rise to immediate couse (a), DLE TO stating the underlying couse lost. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) prior to 20o EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH Unknown its designated ogent, 20c T ME OF INJURY Month, Doy, Year Hour o.m. 20d IN, JRY OCCURRED 20e, PLACE OF NJURY (Home, form foctory, street, office bldg, etc.) While Not While of work of work unknowned unknown 19 Home 2) I certify that I taak charge of the remains described above, held on Autapsy [x], Inspection 🔂 death resulted fram: Naturo causes Accident . Suicide 🗌 Homicide 😾

INTERVAL BETWEEN ONSET AND DEATH DUE TO Associated with - Dehydration, Malnutrition, 19 WAS AUTOPSY PERFORMED? YES TO NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item IB) 20f (City or town) (County) (Stote) Same as #2 Inquiry x and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2-9-66 Riverdale, Md. choe, Address (Street, city, town, or county) 23C. NAME OF CEMETERY OR CREMATORY A 23d. LOCATION (City or Town) (County) (Stote) 250 REC'D BY REGISTRAR 2Sb 1400 Chapin St. Chambers Funeral Home DATE MAR 1 Washington D.C.

e IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

Hours

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

COUNTRY?

Months

VR A15ME (5)

ACTUAL

SIGNATURE

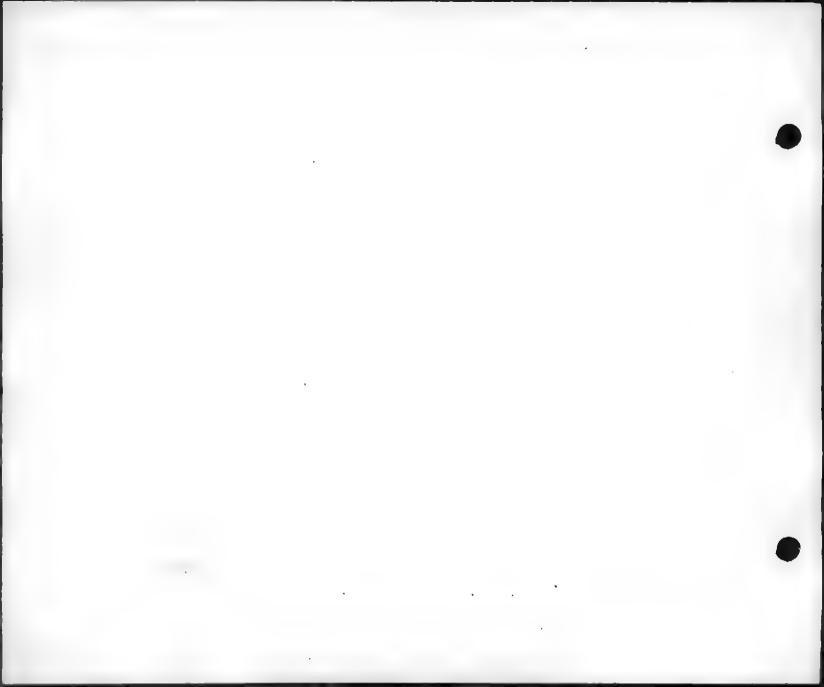
EXAMINER'S

NAME (Type)

23o BLRIAL CREMATION

24. FUNERAL DIRECTOR

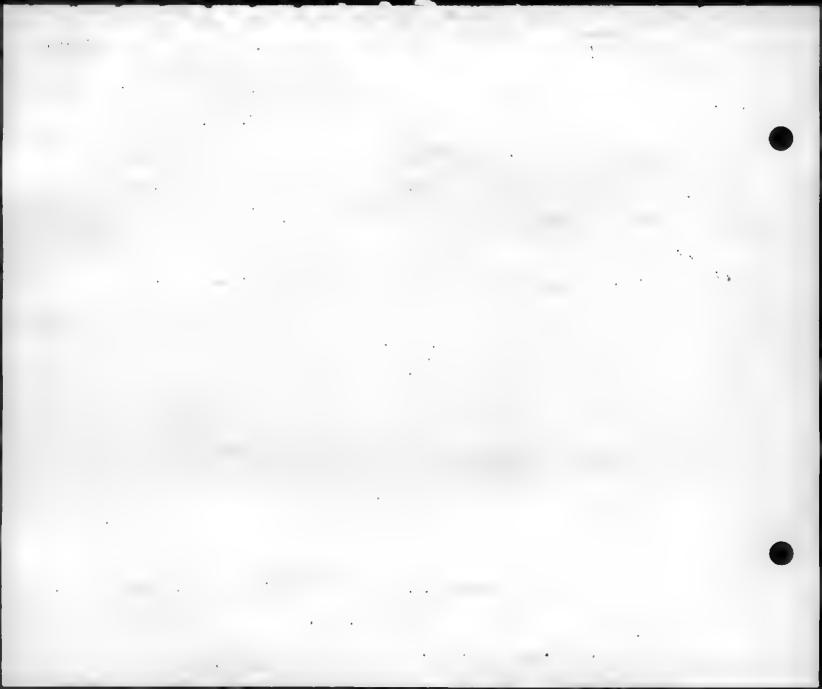
John



INISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Prince Georges Mary land Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b E. Riverdale Cheverly 2 days 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? within 72 Prince Georges General Hospital 6357 64th Ave YES ND letely pou NAME DE First Middle DATE Year DECEASED event. (Type or print) DEATH Baby Boy 19 66 Kallas Feb. Kkg 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED last birthday) Months | Oays in ally Hours Min. WIDOWED I OIVORCED [Male White Feb. 1Da, USUAL DCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please during most of working life, even if retired) INDUSTRY **COUNTRY?** and certificate removal, 13. FATHER'S NAME MOTHER'S MAJOEN NAME Harry Edward Kalla

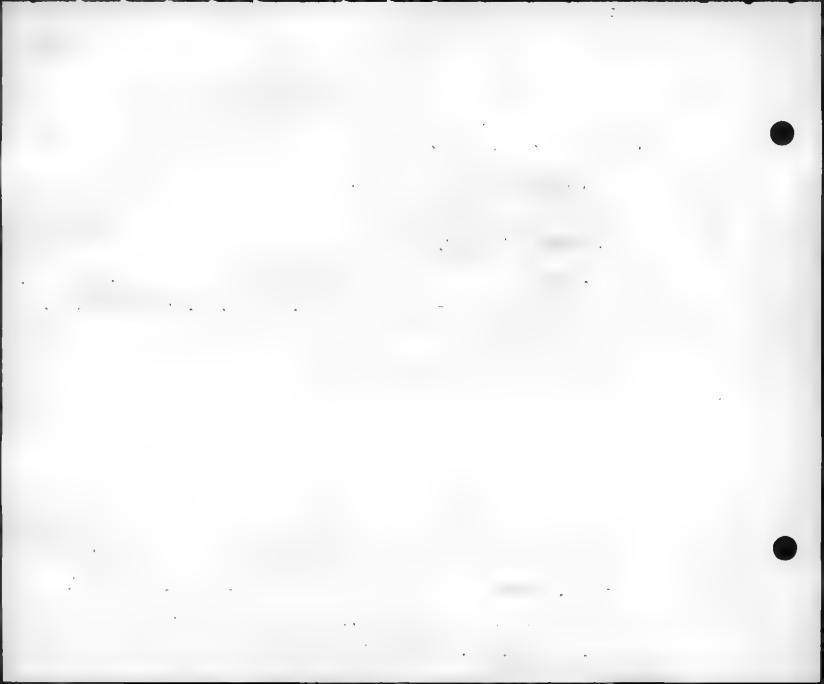
15. WAS DECEASED EVER IN 0 S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) Eileen Courtney 16. SOCIAL SECURITYNO. 17. INFORMANT Address the atten it permit. ö death cremation, 18. CAUSE DF DEATH [Enter only one cause per line toy (2), (b), and (c).] INTERVAL BETWEEN -transit Allicelasis DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed be as the burial-tran h prior to burial, cra The law requires that DUE TO ru alleyel Cenditions, if any, which gave rise to Immediate cause (a), stating the DUE TO underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY use r this certificate r detached for use te Dept. of Health for use Health PERFORMED? YES V-TNO [2Da. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After - Not While be Stat p,m, at work at work DIRECTOR: Af age 3 should 1 lied with the S retained 21. I certify that (I) (this hospital) attended the deceased from 194 to_ that (I) (we) last and that death occurred at 2.30M from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page 2/22/66 DIRECTOR M.D. PHYS. TO HOSPITAL TO FUNERAL 22¢. PHYSICIAN'S 22d. ADDRESS director, p should be i NAME (Type) 6300 Riverdale Rd. Riverdale, Md. John Kehoe М. BURIAL, CREMATION, REMOVAL (Specify) remation 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Prince Geo. Gen. Cheverly, Maryland 2/26/66 24. FUNERA DI EGTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 1/65 Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution; Residence before admission) e. COUNTY a. STATE **b.** COUNTY PRIDGE MARYLAND 훈근キ b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give yearest town) LASKINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) A STREET ADDRESS ON A FARM? 4922 XA SALLE KD YES NO 3. NAME OF Yaar Month. DECEASED CharLes DEATH (Type or print) Thos. 19 66 with 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS 5. SEX B. DATE OF BIRTH last birthday] and Months WIDOWED 7 DIVORCED [77] 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 1 11. BIRTHPLACE (County & State or foreign country) done during most of working life, even if retired) COVINGTON NOW YORK SALESMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELLEN MARY WILLIAM KEEF E 6 NDON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | [Hyasgivawar or dates of service] es (ARMY) WORLD WAR I 18. CAUSE OF DEATH [Enter only one cause par fine for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE FULMONARY DUE TO CLEROTIC HEART Conditions, if any, which gove rise to immediate cause (e), stating the underlying causa lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO [20b. DESCRIBE HOW INJURY OCCURED, (Entar naive of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19.3/ DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or couply) (Stata) 23a. BURIAL CREMATION. REMOVAL (Spacify) O 25e REC'D BY REGISTRAN /25b. REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62



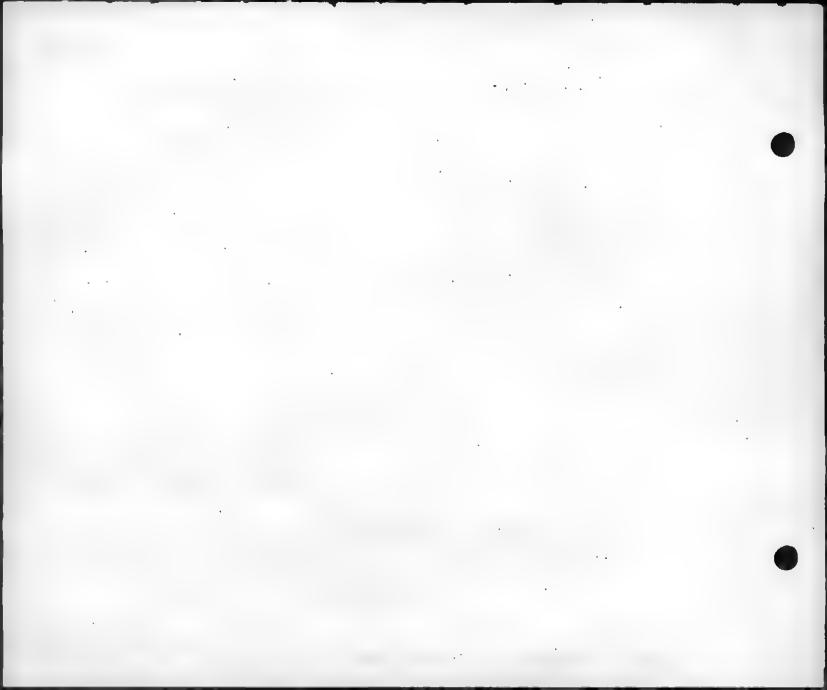
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans; t permit. Then please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page 4 may be retained by the hospital or attending physician.

12

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02730 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Frince Georges MARYLAND	a. STATE County
b. CITY OR TOWN (If outside corporate & mits, write & URAL and give nearest town)	c. CITY OR TOWN (it outside corporata limits, write RURAL and give nearest town)
Mariano	DC. 4, 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Magnolia Gardens Nursing Home	1114 - B. SA B. G. YES NO 1
3. NAME DF DECEASED FIRST MIddle	Last 4. DATE , Month Day, Year
(Type or print) JOHN RELLEY	DEATH 7 1966
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS.
male Thale WIDOWED DIVORCED 1	leng. 17, 1872 93 yrs. 110011118 Days 1100115 Mint.
10a. USUAL OCCUPATION (Give kind of work done during mgst of working life leven if retired) 10b. KIND OF BUSINESS OR INDUSTRY	114 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Detical	Canada W.X.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
John F. Melley	Masensu Lomerford
15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unlown) (If yes give war or dates of service)	INFORMANT Address
	hu K Rellevolemedo Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]/	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 web
493X DUE TO	
Conditions, if any, which gave risa to immediate (b)	Jun dhy
causa (a), stating the DUE TO	
underlying causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANTIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter natura of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, officabldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from A	2/ 1968, to 2/ 1966, that (I) (we) last
saw the deceased alive on 19.66, and that	t death occurred at #32M, from the causes and on the date stated above.
223. SIGNATORE	ATTENDING MED. STAFF D 2/0/10/1
22c, MYSICIAN'S M.E	I. PHYS. DIRECTOR PHYS. 1960
NAME (Type) LI EON P. LEVITSKY	3408 P. J. One Maraines ha
23a. BURIAL, SREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d, LOCATION (City, town or county) A (State)
Beland 2-15-1966 Natur	1200 anesica. Paril
24- FOMERAL DIRECTOR / ADDRESS / OC	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1 / Willinger 131-116 ST. 85.	D.C. DATE B 15 1966 Charles Judge
The state of the s	"

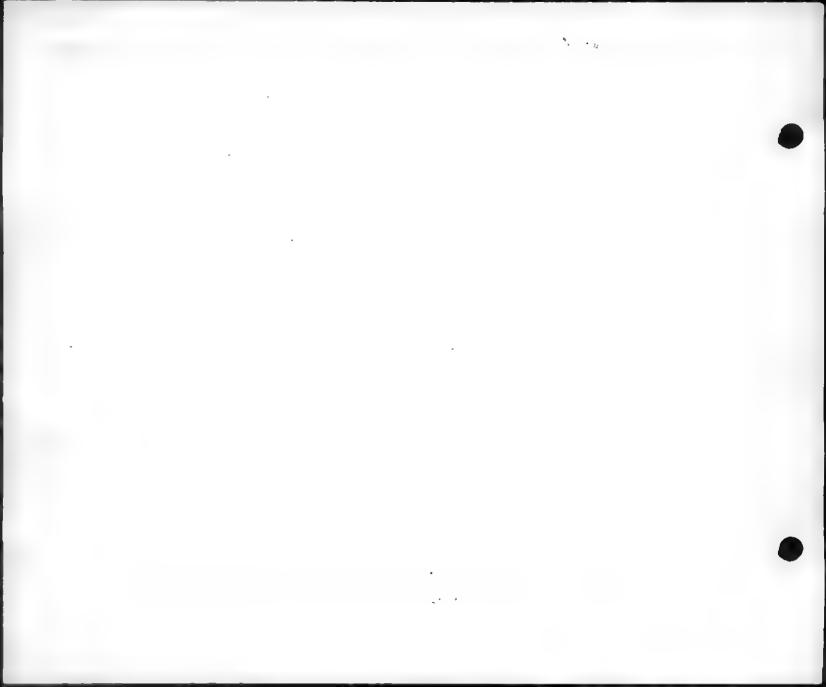
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256 REGISTRAR 5 SIGNATURE

2So REC'D BY REG STRAR

VR A15ME (5) 6M 1/66 MUNERAL D REGIOR



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after weath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the deat certificate me executed within 24 hours of meath.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9 -	- Alice days up nigh	- all -							2 11
1.	PLACE OF DEAT	H						institution: Res	idence before admission)
	a. COUNTY D	cines Gasan	ola		a. STATE	laryland	b. C01	UNTY P	George's
		rince Georg		MARYLAND					- 0
	write RURAL	/N (if outside corporate and give nearest town	ilmits,	c. LENGTH OF STAY IN 1b	11			WITTO NUKAL 8	nd give nearest town)
	Lanham	Md.			Ca	rrollto	on Md.		
-			I (if not in hos	spital, give street address)	d. STREET ADD	DRESS			e. IS RESIDENCE
Mag		Gargens Nur			6117	86th a	venue		ON A FARM?
	NAME OF	Fir	st	Middle	Last	4. DA		1th	Day Year
	DECEASED (Type or print)	Edg	ar	V	Law	OF DE	ATH Fel	21,	₁₉ 66
5.	SEX	O DOLAN OR BARE !		NEVER MARRIED	8. DATE OF BIR	TH	9. ACE (In year	s IF UNDER 1	YEAR IF UNDER 24 HRS.
	male	white	WIDOWED	DIVORCED	Nov 15,	1893	last birthday	Months D	ays Hours Min.
10a.	USUAL OCCUPAT	TION (Cive kind of work d	one 10b. KIN	ID OF BUSINESS OR	11. BIRTHPLA	CE (County & SI	ate, or foreign count	try) 12. CIT	IZEN OF WHAT
duri	ng most of work	ling life, even If retired) INC	DUSTRY	Bradf		ngland	COU	INTRY?
	Clerk		panul	facturing			-	U S	5 A
13.	FATHER'S NAM				14. MOTHER'S	S MAIDEN NAMI	E		
	hc	mas Law				rtha Va	rley		
		EVER IN U.S. ARMED FOR I (If yes give war or dates of			INFORMANT		Addı		
(1.63	yes	if if 1	36(4165)	E	dgar F L	aw Car	rollton	Md.	
	18. CAUSE OF	DEATH [Enter only one	cause per lin	e for (a), (b), and (c).]	,	1	1 4		INTERVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (Ca	Rdio Res,	horator	11 40.	Cuns		ONSET AND DEATH
		,		Tour I - I	,, , , , , , , , ,	9			7700 7 1000 1
	2/04		0 ,1	en ton a	10-13	1/0.	.A. A	. 11.	n
	Conditions, If gave rise to		b) 1111C	eraine 1	111/2	A. (FW	yeller.	4W	1 WEEREZ
	cause (a), s	Disc 3	10				There	ent	
	underlying cau	an Innt	(c)				,	6	
20	PART II. OTHER			INC TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE C	ONDITION CIVEN	N PART 1(a)	19. WAS AUTOPSY
A	1	0 0	2 OB	and.				-2	PERFORMED?
윤).	TU	Coll Ma	regic	- careen	ra Kul	es a	2 scazi		YES NO F
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING IT CAUSE OF DEAT	H 20b. DE	ESCRIBE HOW INJURY OCC	UKRED. (Enter nat	ture of injury in	n Part I or Part II	of Item 18.)	
3 ((IF EITHER, NO	ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	ER)						
정	A December 1	INJURY Month, Day, Y		JURY OCCURRED 20e, PL	ACE OF INJURY (HO	ome, farm, 201	f. (City or town)	(Count	ty) (State)
MEDICAL	Hour a.	-	White	Not While fact	ory, street, office b	ildg., etc.)			
Σ		m. 19	at work	at work	-				
	21. I certif			the deceased from	1/7/1/	至, 190年	to		that (I) (we) last
	saw the de	ceased alive on	Ft 13	1966, and tha	at death occurre	dat 6 AM,	from the cause	s and on the	e date stated above.
	22a. SIGNATU	RE	1	7				22b. DAT	LE SIGNED
	1	20011	1 Miller	10-) C - M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	T FED	3 21 1966
	22c. THYSICI		11	. 0	22d. ADDRI			C. 11	F
İ	1- TAME OF	ype)	810.	RE MI)	3415	Han	4770NC	17-14	ratholls.
23a.	BURIAL, CREM	MATION, 23b. DATE TO	HEREOF I	23c. NAME OF CEMETER	Y OR CREMATORY	1 23d.	LOCATION (City,	town or coun	ity) (state)7
	REMOVAL (Sp	ecify) Pah 24					idgeport	_	
24	FUNERAL DIR		1 2000	ADDRESS	1 252			REGISTRAR'S	
		sch's Sons	Hyatt	sville, Md.			1	mi carela	
_	I · Ga	och o ouns	.iyatt	SATITE, MG.	DA	EEB 23	<u> 1966 </u>	WAY C	1 Jung

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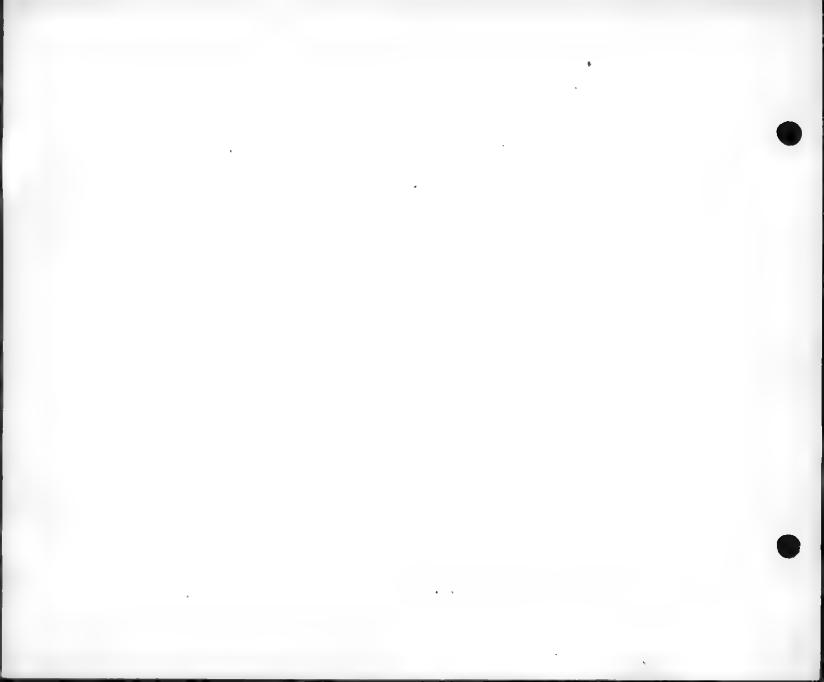
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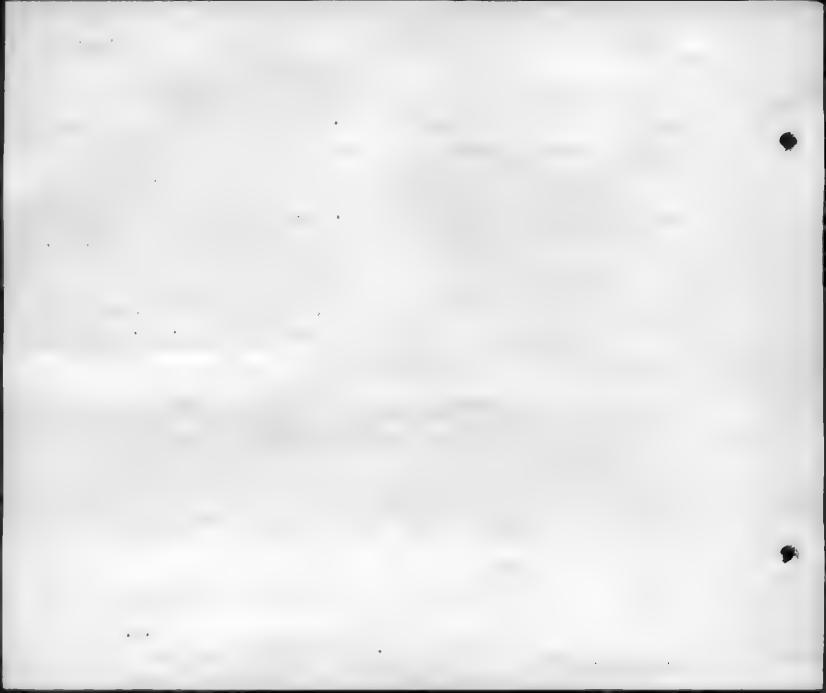
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FOR S	TATE		0273	Items	MEDI	CAL EXAMINER	'S CERTI	FICATE OF DE	ATH	()	2704
HEALTH	DEFT.		PLACE OF DEATH	-				AL RESIDENCE (Where de			efare admission)
15 to 15	± 0±.	(COUNTY Pr	ince G orgo	e's	MARYLANG	o ST	Alt Marryland	b (0L		eorge ts
y delay 1 2, and 3 to PM3 Pag	ate Department of hours after death		write RURAL an	fautside carparate limit d give nearest town) everlv		9 hours	c CITY	OR TOWN (flautside car Forestvill	parate limits, write RU	RAL and give ne	arest tawn)
7	Depo s af	1	NAME OF HOSPIT	TAL OR INSTITUTION (if no	-		d STRE	ET ADDRESS			e IS RESIDENCE ON A FARM?
les 1, farm	ate Del			ince George	e's Hosp			6219 L St.			YES NO
after death as Give Pages	th the Sto w.thin 72 H		NAME OF DECEASED Type or pnnt)		rsi cta	M.adle M.	Love	Lost 4. DA OF DE		iary 2	Day Year 23 19 66
0 00 10		S	female	6 COLOR OR RACE Negro	7 MARRIED 3	NEVER MARRIED D VORCED	B DATE O	1, 1904	9 AGE (In years last Krinday)	Manths Da	
24 haurs in Item 1 r's Office	y event			N (G ve k nd af wark dane life, even if retired)		D OF 8USINESS OR USTRY	11 81	RTHP_ACE (State or fore	in cauntry)	12 CITIZEN COUNT U.S	N OF WHAT RY? SA
cul in	pages 1 in any	13.	FATHER'S NAME				14 MO	THER'S MAIDEN NAME			
d within in pencil i	File p and is		Geo	rg e Gaithe	r			Mimmi Ar	Ledge		
				R IN U.S. ARMED FORCES? (If yes give war ar dates		DCIAL SECURITY NO.	17. INFORMAN	NT	Addr	622	
be execute "pending" ief Medical	bur al-transıt permit matian, ar remaval			EATH (Enter any ane ca. TH WAS CAUSED BY					tic of lo	££	INTERVAL BETWEEN ONSET AND DEATH
d be d "pe Chief	a g		B.C. I DEA	MMEDIATE CAUSE	(0)	te suppura	tive n		idney, se		
should e ward the Cl	t al-t		Canditions If any	DUE, which gave)		ateral bro	chopne		oderate)		
the sh the d ta	0 0		rise to immedia stating the unde	te cause (a), (TO	ateral ruli					
certificate writing th irwarded t	SD		ast	,	(c)				CHICK H DIDT V	1	10 MAS AUTODSV
This certifications in the farwarded	be used to buria	CATION				<u>) DEATH</u> 8UT NOT RELATED					19 WAS AUTOPSY PERFORMED? YES NO
M	ould prior	L CERTIFICATION	20a EXTERNAL CA PRIMARY ☐ ar CO CAUSE OF DEATH	AUSE WAS INTRIBUTING [2]	20b DES	CRIBE HOW INJURY OCCUR	,	,	Part 1 of item 18)		
MIN the	age age	MEDICAL	20c TIME OF IN. Haur a.	10	20d IN. While at wark		PLACE OF INJ. factory, street,	JRY (Hame, farm 2 , affice bldg , etc)	Of (City or town)	(Caunty	(State)
ecut Pag	ained tar y IRECTOR: Po designated		21 certif	y that I took charg	e of the rem	ains described above	, held an A	utapsy 🐷 , Insp	ection 🖵 , Inq	uiry 🗓 ,	and in my opinion
E S E	igin of the		death resul		ar causes, X		Strictide	Hamicide	Undetermined n	nanner 🔲	
MEDICAL EXA please execute director. Page	may be retained tar FUNERAL DIRECTOR: calth or its designate		ACTUAL	11/	/ K	a hart	7	CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXA			22. DATE SIGNED
O DEPUTY necessary, p the funeral	RAL D		SIGNATURE		7/1-	21-1	M D	DEPUTY MED CAL EXAM	NER 🔃		2-26-66
O DEPUTY necessary, the funeral	FUNE FUNE		NAME (Type)	/	ehoe, M			Addeds were don't			
TO E	TO FUNE Health	230	REMOVAL (Specify		8-66	230 NAME OF CEMETERY	1	emorine P	LOCATION (City or To	and.	unty) (State)
VP	AISME (SE	24	FUNERAL DIRECTO	X L	.101	ADDRESS	1000	2So RECD BY REC	ma and it	EGISTRAR S SIGN	ATURE
	SM 1/66	K	moon	or our	4804	Talua-	TICE	DATERIC	1956 70	700	1 0



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

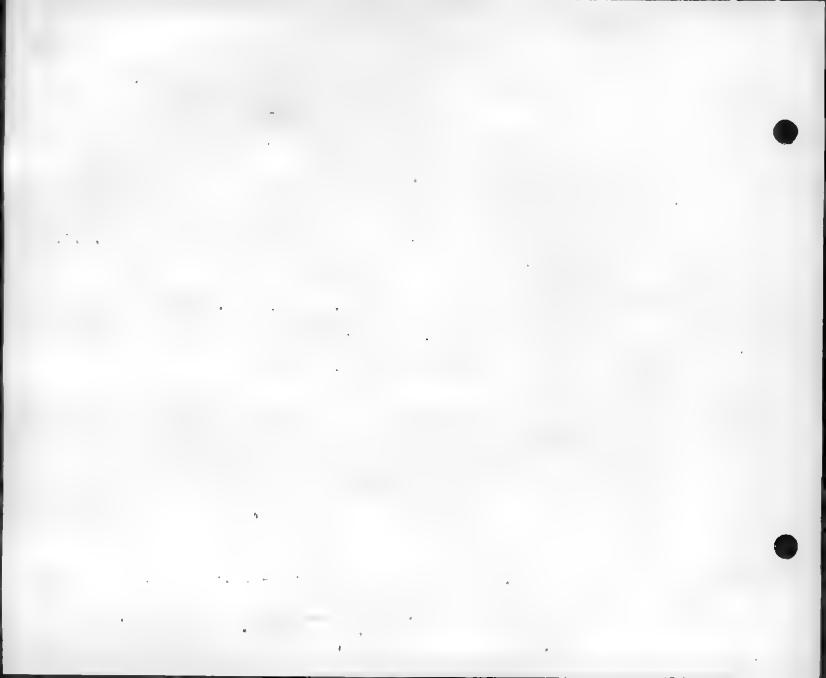
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VR #15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
02333	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CFRTIFICATE OF DEATH	Sugar

	CERTIFICATE	OI DEATH		U 4 U 0
1. PLACE OF DEATH		2. USUAL RESIDENCE		ution: Residence before admission)
a. EQUNTY		a. STATE	b. COUNTY	0.00
FALLICE GEORGE STATES	MARYLAND 1 c. LENGTH OF STAY IN 1b	Maryland	T L'	GO RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	G. LENGIN OF STAT IN 10		itside corporate ilmits, write	KONAL and Rive hearest towny
lauhain	2 days	Bowie,		
d. NAME OF HOSPITAL OR INSTITUTION (if not in I	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Magnolia gardens	nursing how	8511 - Z	ug Road	YES NO X
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) - Luksia	G. //	racemer	DEATH Kebnus	1 1966
5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED 18		7 107 207 207	UNDER 1 YEAR IF UNDER 24 HRS
fecuale losite WIDOWED		3/1/2000	last birthday) Mo	onths Days Hours Min.
/ WIDONES	KIND OF BUSINESS OR	3/8/1892	nty & State, or foreign country)	12. CITIZEN OF WHAT
	INOUSTRY	TT' DIKTULPHOE (OM		COUNTRY?
Housewife		Philadel		U/S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Thomas Byrnes		Bridget	Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes give war or dates of service)	. SOCIAL SECURITYNO. 17.	INFORMANT	Address	
NO	Mr	Lawrence	R. Maenner	(above ad-
18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		Husband)	dress)	ONSET AND DEATH
IMMEDIATE CAUSE (a)	myspher mis	meng_		- NOV
545 DUE TO		'		
Cenditions, if any, which (b)	Kent days	- contron		
gave rise to immediate (cause (a), stating the DUE TO				
underlying cause last. (c)				
FARTIL OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
01/ 6-1	-			PERFORMED?
E OF ASSISTED WAS FORDER	DECORPE HOW MINEY CORNE	nnch areas estimated to	alusu to Bast t on Bost It of I	1 1 1
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OR CONTRIBUTING CASE OF DEATH OR CONTRIBUTING CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	KKED. (Enter nature of in	ijury in Part I or Part II or i	tem 10.)
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
Hour a.m. While	Not While factor	y, street, office bldg., etc.	1	
		016//		
21. I certify that (I) (this hospital) attend		2/7/61 , 19	to	, 19 66 , that (I) (we) last
saw the deceased alive on	6, and that	death occurred at		d on the date stated above.
22a. SIGNATURE				22b. DATE SIGNED
Som 1 Zilas has	M.D.	ATTENDING ME	RECTOR PHYS.	
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Leon R. Lev:	itsky	3408-R.	I.Ave., Nt.F	Rainier, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	
Burial 2/14/66	Church of	Ascension	Bowie Md	
24. FUNERAL DIRECTUR Nalley's Fu	Church of nerappress Mt.Ra	inier 4 Cem	BY REGISTRAR 250. REGI	STRAR'S SIGNATURE
Home Inc.	Maryland	DATELD	I 5 1263	C. Judge



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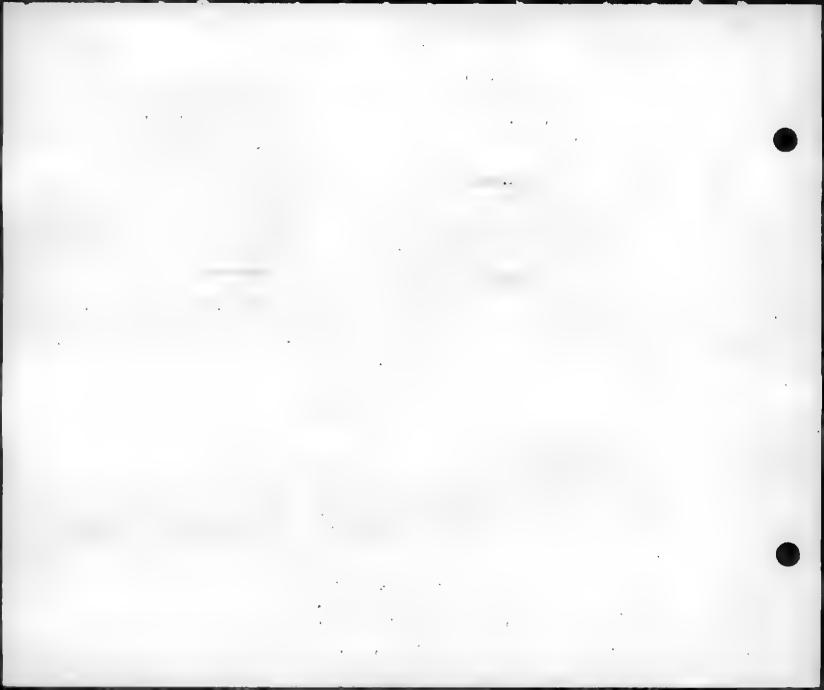
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Page 4 may be retained by the hospital or attending physician.

> 5 (4) 1/65 VR A15 20M I,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	16150		- GEI	KIIFICALI	E OF DEATH		12	7114	
1.	PLACE OF DEAT	Н				E (Where deceased live			ssign)
	a. COUNTY	Frince Geor	ge's	MARYLAND	a. STATE Mar	yland Pi	b. county To George	's	
	b. CITY DR TOW	N (if outside corporate lin. and give nearest town)	nits, c. LENGT	GF STAY IN 1b	c. CITY OR TOWN (If				town)
		sburg, Md.			Bla	densburg,	Md.		
	d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital, give	street address)	d. STREET ADDRESS			e. IS RESID	
	4302	Baltimore av	enue		4302 alt	imore aver	nue	ON A FAR	RM?
3.	NAME DF DECEASED	First	М	lddle	Last	4. DATE	Month	Day Year	
	(Type or print)	R.	Ducke	tt Ma	gruder	DEATH I	⁷ eb	8, 19	36.
5.	SEX	6. COLOR OR RACE 7. M	MARRIED NEVER	MARRIED TO	B. DATE OF BIRTH	9. AGE (III	years IFUNDER 1	YEAR IF UNDER 2	4 HRS.
	male					88	yrs.		Min
10:	I. USUAL OCCUPATION MOST of Work	FION (Give kind of work done king life, even if retired)	10b. KIND DF BUS	NESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign		TIZEN OF WHAT UNTRY?	
	Manag		Restaura	nt	Marylan	nd	0	SA	
13	. FATHER'S NAM	ME 3			14. MOTHER'S MAID				
		Richard	Hill Magr	uder	Eugen	ia Ducket	t ·		
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED FORCES (If yes give war or dates of serv	S? 16. SOCIAL SEC		INFORMANT		Address		
	no	(1.) or State arm of our cool of the		Jus	tin R dess	Bladens	burg, M	ld.	
		DEATH [Enter only one can				/		INTERVAL BETW	
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Cerebro	22scala	N Acciden	+		7610.	
	422	1	11		0	1.		,	
	Conditions, If	any, which \ (b)	NEW Back	eribe 6	anso- vace	aler des	rease	Years	
	gave rise to cause (a), s	Immediate (
	underlying caus								
100	PART II. OTHER	SIGNIFICANT CONDITIONS	DNTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION G	IVEN INPART 1(a)	19. WAS AUTO	
ICA		an himson is							· [
CERTIFICATION	2Da. ACCIDENT DR CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCU	RRED. (Enter nature of	injury in Part I or F	art II of Item 18.		
AL (INJURY Month, Day, Year	1	IRRED 120e PLA	CE OF INJURY (Home, fa	rm.i 20f. (City or	(Cou	nty) (Sta	ite)
MEDICAL	Hour a.	m.	While Not While at work at work	- Annin	ry, street, office bldg., e	tc.)	(004)	(010	/
×		m. 19			7.		11 12 00 1	7 m .	
		fy that (1) (this hospital)				955, to Fee			
	saw the de	Guasca utive on	19	and that	death occurred at	M, from the		ie date stated a NTE SIGNED	DOVe.
	220. SIGNATU	old date			ATTENDING	MED. STAI	F	IIE GIGISED	
	22c. PHYSICI	AN'S		M.D	PHYS. 1 22d. ADDRESS	DIRECTOR L. PHYS	s		
	NAME (T	YPE PONALD S	FLEK	CHERM	174.12	1665 Ray	18/12/	SVILLE	172
23	a. BURIAL, CREM	MATION, 23b. DATE THER		ME OF CEMETERY		23d. LOCATION	(City, town or cou	nty) (Stat	e)
_	Burial	rep 9,			Cemetery	Colmar		d.	
24	FUNERAL DIR	Casch's Sons		RESS		'D BY REGISTRAR	256. REGISTRAR'	S SIGNATURE	
	λ' a	dasch's vons	nyattsv	ille, Md	- FATEB	1 1 1955	Allanley	Judal	
-						- 1000	7	0 0	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02739 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission 1 PLACE OF DEATH o. COUNTY Poge to Prince George's ofter deoth. Prince George's MARYLAND delay Department b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY N 1b c ETTY OR TOWN (If autside corporate imits, write RURAL and give nearest town) gug write RURAL and give nearest town) Brandywine Brandywine e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS form hours pencil in Item 18 Give Pages 1, ofe Rt. 3. Box 210 YES NO Rt. 3. Box 210 be executed within 24 hours ofter death. along with 3 NAME OF DATE Month First Middle Lost 5 DECEASED OF (Type or print) Louise Makle DEATH SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Few Well lost birthday) Months DIVORCED WIDOWED Aug. 1933 Office (Female Negro lond v even 100 USUA, OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working fe, even if retired) INDUSTRY COUNTRY? Ony ince Gearge 13 FATHER'S NAME Ξ rown Prie ond 15. WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO Rudol Chief Medical (Yes, no, or unknown) (If yes give war ar dates of service removal 18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Ö Shock IMMEDIATE CAUSE (a). This certificate should the word buriol, cremotian, DUE TO the Conditions, if any, which gove From runture of uterus rise to immediate couse (a), forwarded to **DUE TO** From (pregnancy - 7 mo.) stoting the underlying couse lost. nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CERT FICATION PERFORMED? the certificote, YES NO 0 pe q 4 should be 200 EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part 11 of item 18.) plnous PRIMARY | or CONTRIBUTING | TAL EXAMINER: CAUSE OF DEATH ogent, p 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg, etc.) moy be retoined for your FUNERAL DIRECTOR: Poge while of work of work designoted 21 | certify that I took charge of the remains described obove, held an Autopsy | X Inspection X, Inquiry X, and in my op nian derector. death resulted from. Noturo coure? . Accident D Suicide Homicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol 5 moy be TO FUNERAL Health or 3 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Konce, M.D. Riverdale, Md. NAME (Type) Address (Street, city, town or county) 230 BUR AL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)

Ch. Cemeters

250 RECD BY REGISTRAR

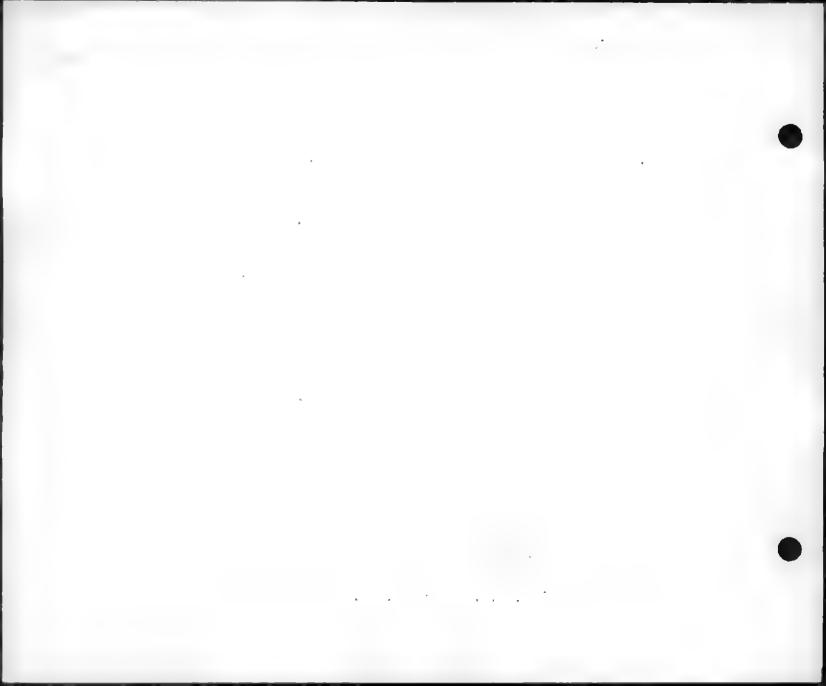
7-11 Ges 5

25b REGISTRAR S SIGNATURE

VR ATSME (S) 6M 1/66

24 FUNERAL DIRECTOR

adams Claures



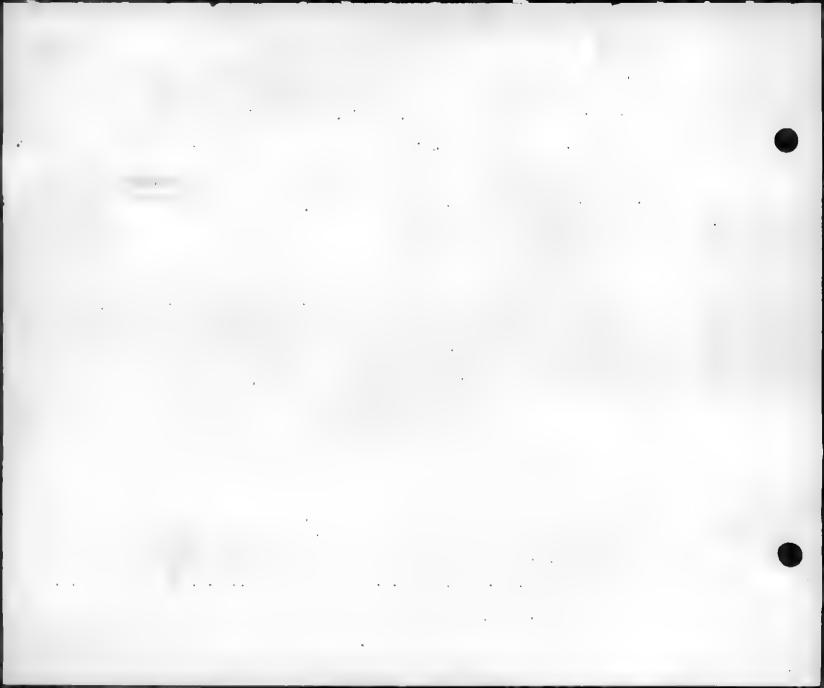
TO HOSPITAL OR ATTENDING PHYSICIAN: The fa≡ requires that the death certificate b≡ execut∎d within 24 h≡urs after ≣eath. Page 4 may be retained by the hospital or attending physician.

and completely filled in by the funeral remove carbon papers. Pages 4 and 2, and 2, and 2, and event, within 72 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then the should be filed with the State Dept. of Health prior to burial, cremation, or removal, and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	UAG TO UER	HITTORIL	. OF DEATH		- loud
1.	PLACE OF DEATH a. COUNTY	11	2. USUAL RESIDENC		tution: Residence before admission)
			m. STATE	b. COUNT	
<u> </u>	Prince George's	MARYLAND	Maryland	1 Prin	ce George's
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	F STAY IN 1b	C. GITT OR TOWN (IT	outside corporate maits, writ	e RURAL and give nearest town)
	Cheverly 20 hr.	,			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give s	reet address)	d. STREET ADDRESS		e. IS RESIDENCE
	Desire 0 1 2 3 14		1.000 D		ON A FARM?
-	Prince George's General Hospita			nner Street	YES NO X
3.	NAME OF FIRST MID DECEASED	lie	Last	4. DATE Month	Day Year
	(Type or print) Alice		Malena	DEATH Februar	y 10 1966.
5.	SEX - Seat 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED 8.	. DATE OF BIRTH	9 ACF THE VEHICLE	FUNDER 1 YEAR HELINDER 24 HRS
	White Female widowed pox DI	VORCED 7	Sept. 23, 19	100 65 mast birthday)	Months Days Hours Min.
10	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN			unty & State, or foreign country)	
du	ring most of working life, even if retired) INDUSTRY	233 OK			COUNTRY?
l	Housewife own home		Allaganey	Co Pa	USA
13	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Edward Rahama		Edna	M Grouse	
1.5	Edward Behanna 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	ITYNO I 17	INFORMANT	Address	
	es, no, or unkown) (If yes give war or dates of service)				
	none none	Maj	ry Anthony	Hyattsvi	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),	and (c).]	•		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Faile	MI		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	A Principle			
	DUE TO <				2.4
	Cenditions, if any, which gave rise to immediate				
	cause (a), stating the DUE TO	1 0 1	0.0 10	1	2
	underlying cause last.	aver u	nlulux	bellen cyclus	W. 447 3
SO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAT	BUTNOTRELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN P.	ART I(a) 119. WAS AUTOPSY
CERTIFICATION	0 4 4			2 2 3	PERFORMED?
15	Worter of amount of insufficial	E ALLEN AGOIN	(RED. (Enter nature of	Mark to Part Law Part II of	Man 19)
12	OR CONTRIBUTING CAUSE OF DEATH	INJURY BUCUR	GED. (Enter nature of	injery in Part I or Part II or	4tem 16.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	'			
MEDICAL		RED 200. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
9	Hour a.m. While Not While		y, street, office bldg., et	(C ₁)	
Z	p.m. 19 at work at work		5 121	1/ 5/10	(/
	21. I certify that (I) (this hospital) attended the decea	300 11011		The same of the sa	, 1964, that (I) (we) last
		, and that	death occurred at 2	A.M., from the causes a	nd on the date stated above.
	22a. SIGNATURE		1		22b. DATE SIGNED
1	Lagrany 4/n.	-8f.p./	ATTENDING PHYS.	MED. STAFF PHYS.	2/10/11
	22c. PHYSICIANS	-	22d. ADDRESS		7 7 2
	NAME (Type) Jerome L. Sandler, N	I.D.	1726 Eye S	St. N.W. Washin	gton, D.C.
-	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME	OF CEMETERY	AD ODEMATORY	1 23d. LOCATION (City, toy	yn or county) (State)
23		OF CEMETERY			
	Burial Feb 14, 1960 Flonon				
24	4. FUNERAL DIRECTOR ADDRE		25a. REC	2 2 0.04	GISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsvill	e ra.	DAFELB	1 4 1956 900	early Judge
					7 // //3

VR AJ5 (4) 20M 1/65



ADWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral ard 2 r death death, 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE by the f Pages 1 irs after Prince Georges after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours Glenn Dale Haryland (rural) 12 days No fixed address - Washington, D. C. .≡ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d. STREET ADDRESS Glenn Dale Hospital, Glenn Dale, Md. within completely 3. NAME DE Middia Last DATE DECEASED Martin F. Marv (Type or print) DEATH executed 6. COLOR OR RACE [7. MARRIED [] NEVER MARRIED [5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH remove last birthday) | Months | Days any nas been signed by the attending physician-and as the burial-transit permit. Then please remo prior to burial, cremation, or removal, and in any Female Negro WIDOWED DIVORCED -3/20/1923 42 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Cincinnati, Ohio certificate Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert S. Martin Hattie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT deat (Yes, no, or unkown) (If yes give war or dates of service) 294-16-5308 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Cor mulmonale attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the Far advanced pulmonary tuberculosis underlying cause last has After this certificate had be detached for use a state Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) lobectomy and wedge resection of superior segment, left Tower Tobe 1/60: left.
202. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 3/60 left 4-rib thoracoplasty 3/60 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) HYSELAN: MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m., Not While o.m. 19 at work at work OIRECTOR: A age 3 should iled with the S retained 0 19.66 to 21. I certify that (this hospital) attended the deceased from 2/6/ saw the deceased alive on Age 4 ma, FUNERAL OIRE. 22a. SIGNATURE ATTENDING DIRECTOR X PHYS. M.D. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Moe Weiss. M. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY REMIDVAL (Specify) 12_ FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

Address INTERVAL BETWEEN ONSET AND DEATH unknown yr. mo. WAS AUTOPSY PERFORMED? NO X 20f. (City or town) (County) (State) 2/6/ 19.66, that (we) last and that death occurred a : 25 PM, from the causes and on the date stated above. 22h. DATE SIGNED 2/6/1966 PHYS. Glenn Dale Hospital Glenn Dale .- Md. 23d. LOCATION (City, town or county) HEC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 25b.

b. COUNTY

Month

2

e. IS RESIDENCE ON A FARM?

Year

1966

YES

Hours

U.S.A

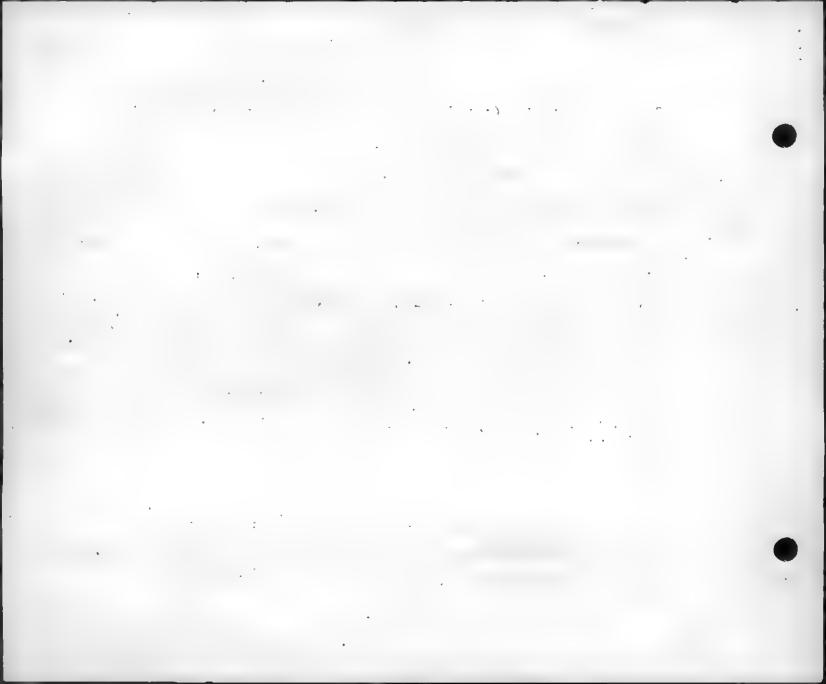
Day

12. CITIZEN OF WHAT

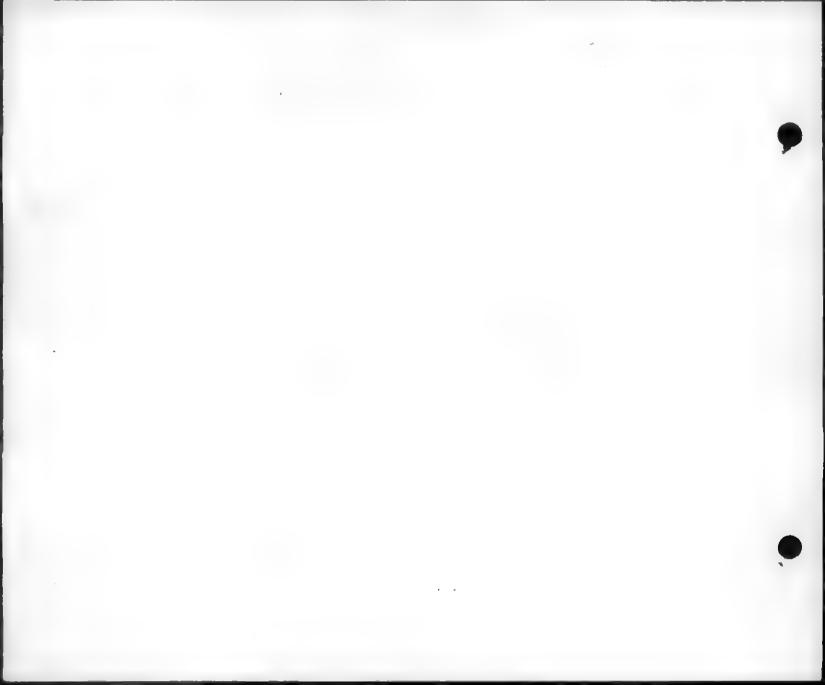
COUNTRY?

NO SC

VR #15 (4) 20M 1/65

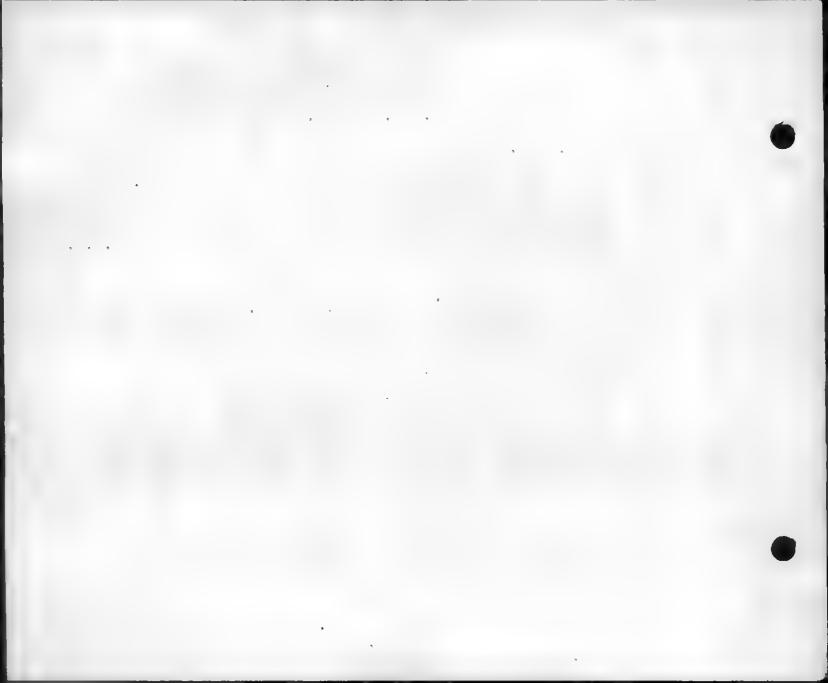


FOR S	TAFE		02742	WED	ICAL EXAMINE	R'S CER	TIFICATE (OF DEATH		0221	3
HEALTH	DEP##		PLACE OF DEATH					(Where deceased liv			dmission)
a da e	5		Prince Geo	rae	MARYLA		Md.	Pm	ь социту ince Geor	røe	
delay is and 3 ta A3 Page	# & C		o. CITY OR TOWN (If outside corporate lin		c LENGTH OF STAY IN			outside corparate lim			wn)
	E		write RURAL and give negrest town)		DOA	-			,	ŭ .	,
2, 1 P.N	after (CheverLy I. NAME OF HOSPITAL OR INSTITUTION (IF	nat in harnital		1 4 0	Laure	, L		21 a 1	RESIDENCE
E	De	'	,			" "		d		0	N A FARM?
ter dilath Give Pages ing with far	haurs after dear		Prince George			!	515	8th St.		YES	
death e Page with 1	72		NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Doy	Year
after diath 8. Give Pag along with	£ .c		Type or print)	iane	Elaine		thews	DEATH	2	11	19 66
	with	5	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DAT	E OF BIRTH	9 AGE			UNDER 24 HRS
139. e ale			F Negro	WIDOWED	DIVORCED	\Box . 7	Jan. 1	.966	Yrs V		OO13
haurs Item 1 Office	ov egent	100	HISHAL OCCUPATION (Give kind of work do		IND OF BUSINESS OR			e or foreign country		12 CITIZEN OF WI	TAH
	1 1 N	dun	ng most of working life, even if retired)	, 11	NDUSTRY		md.			COUNTRY?	
	100	13	FATHER NAME	1	4.1	14	MOTHERIS MAIDEN	NAME	1	Λ	
within pencil camine	pod in	-	The sound &	Mr. 7	11/10.10)		1/2	T	L. ho	1200	
exo Exo	File	15	WAS DECEASED EVER IN U.S. ARMED FORCE	5? 16	SOCIAL SECUR TY NO	17 INFORA	MANT	eccus) v	Address	-150	
ed Tite			s, no, or unknown) (If yes give wor or dots			1-00	. 1	-	5 h. 1		ago
ding ledi	nav	_				July		www.	e i mu	LILLE WITCH	0. 4-01
e executi pending" ef Medico	a burial-transıt permit. cremation, or remaval,		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY	touse per line to						ONSET	AL BETWEEN AND DEATH
hie hie	i i i		IMMEDIATE CAU		Pneumo	nia				Hr	5
word werd	burial-transıt mation, or re			UE TO							
he w	nati		Conditions, if any, which gave prise to immediate cause (a).	(b)							
章 ‡ ‡	a b		stating the underlying couse	UE TO							
fico ing rde	, dg		lost.	(c)							
s certificate e, writing 1 farwarded	used as burial,	7	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TER	MINAL DISEASE CO	ONDITION G VEN IN	PART I(o)	19 WA	IS AUTOPSY REORMED?
S C		ATIO								YES (
This (icate, be fa	d be	CERTIFICATION	200. EXTERNAL CAUSE WAS	20b. D	ESCRIBE HOW INJURY OCCU	IRRED (Enter	nature of injury in	Port I or Port II of	item 18)		- T
IEER: e certifi should	s. ould b priar		PRIMARY Or CONTRIBUTING CAUSE OF DEATH								
the cert 4 should	15 to 15	MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d	INJURY OCCURRED 20	e. PLACE OF I	NJURY (Home, for	m. 20f. (City	or lown)	(County)	(Stote)
	your nie lage 3 sh 1 agent,	MED.	Haur o.m.	While		factory, str	eet, office bldg , etc		1		
L EX		j	N. CO.	I OI WOI			Autonou (Sel	I Proposico D	el Incuies	(4) 1:	
×ec.	aned far y KECTOR: Po designated		21 I certify that I took cha								my opinio
MEDIC lease ex director.	Sign Sign		deoth resulted from: Not	rol couses [x Accident □,	Suicide [,	erm i ned monne	er 🔛	
eds Fire	FE 9		ACTUAL /	/ K.	11		CHIEF MEDICA		7	22	DATE SIGNED
4 d d	RALDI Or its		SIGNATURE	7/18	100	M.D		DICAL EXAMINER	-		_
any ner	ERAI OT I		EXAMINER'S John	Kehoe, 1	4.D.			CAL EXAMINER		2-1	1-66
necessary, p	may be rerained for y FUNERAL DIRECTOR: P. leath or its designated	00	NAME (Type)			DV OR CREAT		et, city, town, or cou			Ir
o He	NO H	230	BURIAL, CREMÁTION, 23b. DATE	THEREOF	23c. NAME OF CEMETE			ZSG. LULATIO	N (City or Town)	(County)	(Stote)
-	- 00		DURIAL 0/12	166	Gueens	Chaj	ver cen	1. 11/41Y	TIYK .	11/d1	
VR .	A15ME (5)	100	FUNERAL PIRECTOR	III D	ABDRESS	11/1	250 210	D BY REGISTRAR		AR'S SIGNATURE	1 av



VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02339			CERTIFICAT	E OF DEAT	Н		112	7711
1.	PLACE OF DEATH				2. USUAL RESIDE	NCE (Where decease			nce before admissio
	Prince	George		MARYLAND	Marylan	đ	b. COUNT	380.	
	b. CITY OR TOW	(If outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN	(If outside corpora	ate Ilmits, write	RURAL and	give nearest town
	Chever.	Ly		D.O.A.	Mt. Rain			,	1
	d. NAME OF HOS	PITAL OR INSTITUTION	ON (If not In ho	spital, give street address)	11				6. IS RESIDENCE ON A FARM?
	Prince	Geo. Gen	. Hosp		4114 -	32d St.			YES NO 5
3.	NAME OF DECEASED	F	Irst	Middle	Last	4. DATE	Month	D	ay Year
	(Type or print)		oyd	В.	Mathia	S DEATH	Feb	1.8	3 1966
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. DATE OF BIRTH	9. A	GE (In years IF ist birthday) M	onths Day	AR IF UNDER 24 HF
	Male	White	WIDOWED	DIVORCEO	6/12/1887	78	yrs.		EN OF WHAT
dur	I. USUAL OCCUPAT Ing most of work	ION (Give kind of working life, even if retire	done 10b. Ki	NO OF BUSINESS UR IDUSTRY	11. BIRTHPLACE		toreign country)	COUNT	RY?
100	Lawy	er.'		m+	West V	irginia		U.S.	A
13.	FATHER'S NAM								
16		. Mathias EVER IN U.S. ARMED FO	Opered 10	SOCIAL SECURITY NO. 17.	INFORMANT	toria B	Address Address		
(At	s, no, er unkown)	(If yes give war or dates	of service)		****	a math		0.0110	danoga
	Vo				rs. Mary	(Wife	Las (at	1 18	TEDUAL BETWEEN
		DEATH [Enter only or ATH WAS CAUSED BY		ne for (a), (b), and (c).1	THROME	4	c)	Ö	NSET AND DEATH
		IMMEDIATE CAUSE	(a)	ORONARY	THINUM I.	50-1-3			IMM I= D
	Conditions, If	DOL		A.S.H.D					5415
	gave rise to	immediate ((b)	/ (1					
	cause (a), si underlying caus			DIABETES	MELL	TIS			5YRS
NO			(c) Ons _i contribu	TING TO DEATH BUT NOT REL		L DISEASE CONDIT	ION GIVEN IN PA	ART 1(a) 1	9. WAS AUTOPS' PERFORMEO?
CERTIFICATION		france (· LAKER	Kntis					YES NO
E	20a, ACCIDENT			ESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part	i or Part II of	Item 18.)	
12	OR CONTRIBUTION (IF EITHER, NO	WAS UNDERLYING ING INCOME CONTROL OF DEATHER MEDICAL EXAMI	NER)						
SA		NJURY Month, Day,	Year 20d. II	NJURY OCCURREO 20e, PL	ACE OF INJURY (Home		y or town)	(County)	(State)
MEDICAL	Hour a.r		While at work	- Not While -	ory, street, onice blog	., 6(0.)			
1-	21. I certif	v that (D)(this hos	nital) attende	ed the deceased from		1956, to_	7-8	, 1966,	that (II) (we) la
	saw the de	ceased alive on	2.8	1966, and the	at death occurred a	tM, from	the causes a	nd on the c	iate stated abov
	22a. SICNATU	* management			ATTENDING	MED.	STAFF	22b. DATE	
	Deny	amin >	. mil	Kor M	D. PHYS.	DIRECTOR	PHYS.	2-19-	66
	22c. PHYSIC A NAME (T)	/pe)			22d. ADDRESS				
0.2	DUDIN COTA	IATION COL CATE	TUCDENE	23c. NAME OF CEMETER	V OP CREMATORY	234 1004	TION (CIty, tow	or county) (State)
238		ATION, 23b. DATE	/						
24	FUNERAL DIRE	2/18 CTOR	/66	ADDRESS	05 m d c 1 25a.	Lost REC'D BY REGISTI	RAR 25b. REC	GISTRAR'S SI	IGNATURE
		nc. Nalley	's Fun	eral Mt. R	STITTO H & be	D	. ~	7 3	



TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuires that the death contificate De exemuted within 24 hours after Meath. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove darbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISIO	N OF STATISTI	CAL RES	EARCH AND RECO	RDS,	301 W. PRESTO	STREET, BAL	TIMORE 1, N	MARYLAND
	0274	4		CERTIFIC	ATE	OF DEATH			02715
1.	PLACE OF DEAT a. COUNTY	Н			1	2. USUAL RESIDENCE a. STATE		I, If Institution: F	Residence before admission)
	Prince G	eorge		MARYLA	ND	u. JINIE		. 0001111	
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest to	te limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL	and give nearest town)
_		Glenn Dale (rural) 3 yr. 66 days Washington, D.C. 4 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE.							
			,	hospital, give street add	ress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		ale Hospita				3504 Minn.			YES NO X
3.	NAME OF DECEASED (Type or print)	1711/2/2	irst	Middle		Last	4. DATE DF DEATH	Month	Day Year
5	SEX	Margare 6. COLOR OR RACE				DATE OF BIRTH		2 -	11 19 66 11 YEAR OF UNDER 24 HRS
0.		C. COLUN ON NACE	WIDOWE	D NEVER MARRIED DIVORCED	- "	- 4 4	last bir	hday) Months	Days Hours Min.
1Da	a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR		6/5/1897 11. BIRTHPLACE (Co	unty & State, or foreign	country) 12. C	IYIZEN OF WHAT
auı	ring most of work	Ing life, even If retire	(d)	INDUSTRY	00	Ne	braska	US	OUNTRY?
13	. FATHER'S NAM		100	7.7.0000	1	14. MOTHER'S MAID		1 00	
	William	Mc Carthy				Mary M	utterville		
15 (Y)	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 1	6. SOCIAL SECURITYNO.	17. 1	FORMANT		Address	
	no			NONE		decedent			
	18. CAUSE DF	DEATH (Enter only or	e cause per	line for (a), (b), and (c).	1				INTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	a Br	onchopneumon:	ia				ONSET AND DEATH
	1.	DUE DUE			• •				
	Conditions, If	eny, which }	(b)						
	gave rise to cause (a), s		, , , , , , , , , , , , , , , , , , , ,						
	underlying cau:	menig the		urrent cereb	COVA	scular acci	dents		unknown
NO.	PART II. OTHER:	SIGNIFICANT CONDITI		BUTING TO DEATH BUT NO				VEN IN PART 1(a)	119. WAS AUTOPSY
CAT	Heanf		. heen	t disease, p	1	and the decision			PERFORMED?
E	2Da ACCIDENT	WAS IMPERIVING F	20h	DESCRIBE HOW INJURY			Injury in Part 1 or Pa	irt II of Item 18	
CERTIFICATION	OR CONTRIBUT	ING I CAUSE OF DEATIFY MEDICAL EXAMI	TH						
SAL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20	e. PLACE	OF INJURY (Home, fai	m, 20f. (City or to	own) (Col	unty) (State)
MEDICAL	Hour a.i		While at wo	le Not While	factory	, street, office bldg., et	c.)		
-	21. I certif	y that 🕷 (this hos	pital) atten	ided the deceased fro	m	12/7/ 19	62 to 12	2/11/19	66, that (X (we) last
		ceased alive on	2/	11/1966, and	d that o	leath occurred at 1	2:95 fam the c		
	22a, SIGNATU	RE MUP /100	1			ATTENDING N	IED STAFI		ATE SIGNED
	DAY DIVERDA	and hard	N		M.D.	PHYS. D	RECTOR Y PHYS.	2	/11/66
	22c, PHYSICIA NAME (T	Moe Wei	ss, M	.D.		Glenn Dal	e Hospital	, Glenn	Dale, Md.
23a	BURIAL CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY C	R CREMATORY	23d. LOCATION	City, town or co	unty) (State)
	11/1 - " /	2-1/2	66	72 Line	ch	Em tere	Black	nsbury!	4511
24	. FUNERAL DIRE	CTOR		ADDRESS		25a. REC		5b. RECISTRAR	S SIGNATURE
1	1/1/1/0	hamb	N	-Work	D-	DATELB	I 6 1966	1 merse	2 Junger

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 20M I/65



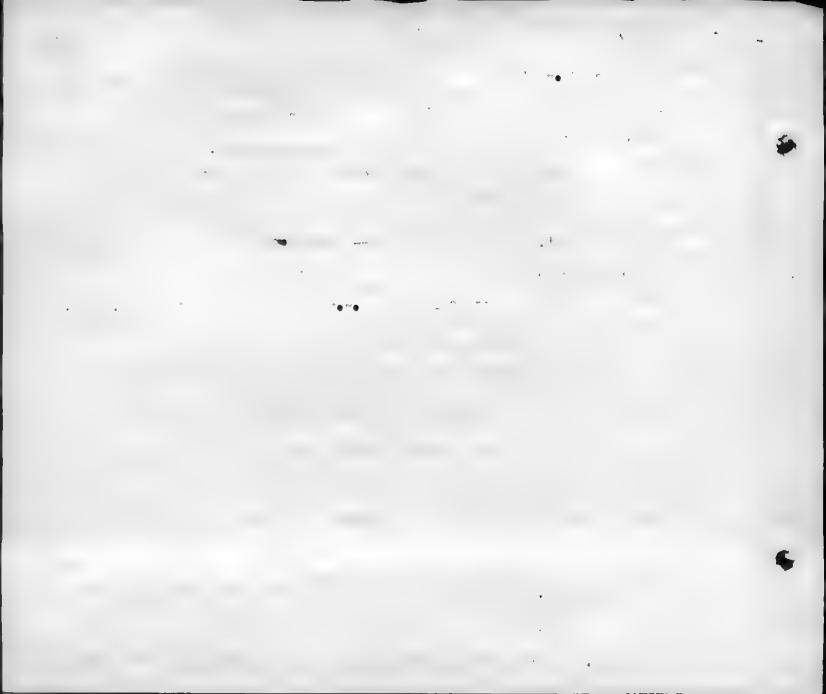
HANDLAND TYATE DECARDARY OF MEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN 12745 CERTIFICATE OF DEATH	
0977.5 CERTIFICATE OF REATH	ND.
02745 CERTIFICATE OF DEATH	11

a. COUNTY Dad			(Where deceased lived, if institution	n: Residence before edmission)
a county Prince Goorge's	MARYLAND	STATE Maryla	nd E. COORT	rince George
b. CITY OR TOWN (if outside corporate limits, . 5 LET	NGTH OF STAY IN 16		outside corporate limits, write RJRAL	× —
Andrews Air Force Base	O Min	District	t Hgts	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, given	re street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
US Air Force Hospital		7206 Atv	wood St.	YES NO X
3. NAME OF First	M ddle "	Last 4	. DATE Month	Dey Year
(Type or print) James	Odell 1	VcKee	DEATH Feb	11 19 66
5. SEX Male Cau widowed	DIVORCED	DATE OF BIRTH 28 Jun 1913	9. AGE (In years IF UNDE birthday) Wonths	Days Hours Min.
tion. USUAL OCCUPATION (Give kind of work during most of working life, even if refired) US Air Force Ret.	Abbottsburg	11. B RTHPLACE (County	37 6	USA
13, FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	•
Terrence McKee		Nattie !	Lockey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. II		Address	
(Yes, no, or unkown) (If yes give we rar detes of service)	-30-1302		e 7206 Atwood	St. Dist. Hets
18. CAUSE OF DEATH [Enter only one cause per Ine for (INTÉRVAL BETWEEN
PART I DEATH WAS CALISED BY. A	a arest			ONSET AND DEATH
4 La / DUE TO				
Conditions, if eny, which) b) acterio	a saleration	No of line	are To Recent	-
gave rise to immediate cause		THE RELL COUNTY	1 7 50000	
(e), steting the underlying DUE TO	1.	0 N. 10.3	2017	
(0)	19 BLOOMSLEE	TO THE TERMINA	L DISEASE CONDITION GIVEN IN B	ADT 1/61 ID WAS ALITOPSY
PART I. DIFER SIGNIF CANT CONDITIONS CONTINUES.	NO TO DEATH BUT NO	RELATED TO THE TERMINA	E DISEASE CONDITION GIVEN IN T	PERFORMED?
3				YES TO NO
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTA 20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE H OR CONTRIBUTING CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURED.	(Enter nature of injury in Par	it for Pert II of Item 18.)	
3 20c. TIME OF NJURY Month, Day, Year 20d. INJURY	OCCURRED 200, PLA	E OF INJURY (Home, ferm,)	20f. (City or town)	County) (State) —
Hour s.m. While No	t While facto	ry, street, office bldg., etc.)		
7	t work	4		
21. I certify that (I) (this hospital) attended th	e deceased from	19 // 19	66 10 Fal	19. 66that (I) (we) last
saw the deceased alive on Falo-11				
22e. SIGNATURE		1		22b. DATE
Alaniel S. Miller, 11	M.	ATTENDING MEI	ECTOR PHYS.	Feb. 12-1966
NAME (Tuna)	II		ce Hosp., Andrews	Air Force Base
23a. BURIAL, CREMATION, 23b. DATE THEREOF , 23c.	NAME OF CEMETERY C	R CREMATORY	23d, LOCATION (City, fown or co	uniy) [State]
Burial 15 Feb. 1966 A	clington Na	t1. Cemetery	Arlington, Vin	ginia _
	ADDRESS	25a. REC'D	BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
Simmens Bros. 1601-Good Hope	Rd SE, Wa	sh DC LEB	1 5 1966 Milant	es Judge

death. Page 1.1. The law requires that the death certificate be executed within 24 hours after death. Page 2.1. The retained by the hospital or attending physician.

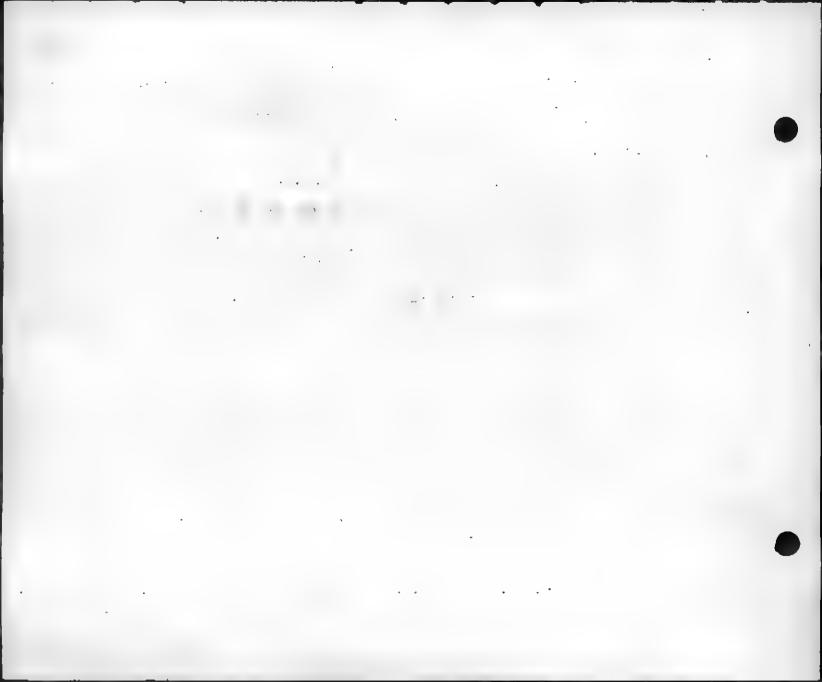
IO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove forces papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cermation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 7/61



TO MOSHITAL OR ATTENDING MINSIONAL The law requirms that the death certificate be executed within 24 hours aften death. Page 4 may be retained by the hospital or attending physician. Tage 4 may be retained by the mospiner of acceptance has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please/remove carbon papers. Pages I and a should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any everit, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02746	CERTIFICATE	OF	DEATH			()4	240
1.	PLACE OF DEATH a. COUNTY Prince George's b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	MARYLAND c. LENGTH OF STAY IN 1b 13 hrs. ospitai, give street address)	a. S	ATE Mary Lar	nd outside corporate	ived, if institution: b, county Prince G limits, write RURA	Georg	e 'S e nearest town) / . IS RESIDENCE DN A FARM?
2	Prince George's General H		1					ES NO
Ģ.	NAME DF First DECEASED (Type or print) Thad	Middle	La Mo:	ade	4. DATE OF DEATH	Month February	Day 28	Year 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8		F BIRTH	19 AGE	(In years IF UNDER birthday) Months	RIVEARIE	
10	Male Negro WIDOWED	DIVORCED _	3-15	-186	0 97	yrs.		
dur		IND OF BUSINESS OR IDUSTRY	Pri	nce Ge		County 12. C	S A	OF WHAT
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYND. 17.	INFORMAN		JII GOX	Address		
{Yi	es, no, or unkown) ((If yes give war or dates of service)	- 00	Hel e ı		Jenifer	Brandy	vine	, M d
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	oronangis	Lare				ONSE	WAS AUTDPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work	Not While factor		RY (Home, fa ffice bldg., et		r town) (Co	unty)	(State)
238	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Edwin J. Jense	veren, let M.D.	ATTENI PHYS. 22d. Prin	curred at 7 DING ADDRESS .ce Geo	HED. STORECTOR PH	causes and on a	the date DATE SIGN 28/66	stated above.
24	Burial 3/4/ 66 FUNERAL DIRECTOR	St. Thomas	Cemet	ery	Pradyw	ine, Md.		
	Martell Adams - Aquaso	co, Md.		DATE	y Russ	//	v n	6





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2. and 2 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince George Pages 1 rince George Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 1 mg 72 hours 8 hours Chever'l v Hillside Ė d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS within 72 5708 Street Prince George General Hospital within completely carbon 3. NAME OF First Middle DATE Month DECEASED OF DEATH event. Feb (Type or print) Zelma Marie Meredith executed 6. COLOR OR RACE | 7. MARRIEO | DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS. and con NEVER MARRIEO last birthday) Female White 3-11-1909 WICOWED DIVORCEO ermit. Then plasse re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY C 11. BIRTHPLACE (County & State, or foreign country) certificate be Maryland House wife 13. FATHER'S NAME Benjamin C. Clark 14. MOTHER'S MAIDEN NAME Wilcoxen Martha M. the auc. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) | (If yes give war or dates of service) -42-4494 Marv Little Same 2.5 cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit is or to burial, cremati PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health o r this certificate h PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o d After this (Id be detach MEDICAL 20c. TIME OF INJURY Month, Cav. Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While - Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from to 51 25 1966 that (1) (we) last DIRECTOR: Juge 3 should lied with the and that death occurred at 3CAM, from the causes and on the date stated above. saw the deceased alive on 1966 22a- SIGNATURE page filed MED. DIRECTOR M.D. тау O HOSPITAL 22c. PHYSICIAN'S NAME (Type) ADDRESS TO FUNERAL 22d. director, p 600,3MARLAORA 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) Mt. Olivet Washington Burial FUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

ON A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

(State)

PERFORMEO? NO F

YES

(County)

22b. DATE SIGNED

1966

Oay

Days

COUNTRY?

S.A.

12. CITIZEN OF WHAT

25th

Months I

NO X



(\mathbf{M})	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
5 N.E.	CERTIFICATE OF DEATH							
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY								
Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)								
J.	Prince George's General Hospital YES NO NO							
1	3. NAME OF First Middle Last 4. DATE Month Day Year							
1	(Type or print) Joseph A Middleton DEATH February 1 1966							
l	last birinday) Months Days Hours Min							
Į	Male White WIDOWED DIVORCED June 5, 1903 62 yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT							
ı	during most of working life, even if retired) INDUSTRY Charles - A COUNTRY?							
İ	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
ı	HIEXIUS MIDDLOTON MARY TANE MARIIN							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 217-14-792 STATE TO THE TERMINAL DISEASE CONDITIONS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) COLUMN OTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME MARY TADE M TO THE STATE OF THE STATE OF THE TERMINAL DISEASE CONDITIONS ON THE STATE OF THE TER								
ı	1 Industron WAIGER INC							
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: The content of the							
	(MMEDIATE CAUSE (a) LI CILLIA							
	Conditions, If any, which) (b) the testing of the free took of the free december of the first way							
1	gave rise to immediate cause (a), stating the DUE TO DOM . Cauce of Cynys . Colen							
	underlying cause last. (c) Exectively materialists							
۱	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ł	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.)							
I	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 20f. (City or town) (County) 20f. (City or town) (City o							
I	Hour a.m. While Not While lattery, street, differently, street, d							
ı	21. I certify that (I) this control attended the deceased from January 20, 166, to February, 19.1, that (Ibdws) last							
I	saw the deceased alive on February 29 19 66, and that death occurred at3:10 M, from the causes and on the date stated above.							
	M.D. ATTENDING MED. STAFF February 2, 1966							
	22c, PHYSICIAN'S ADDRESS							
	5813 Landover Rd. Cheverly, Md.							
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (State)							
	24. FUNERAL DIRECTOR 2 ADDRESS 2 1258. REC'D BY REGISTRAR'S SIGNATURE							
à.	ife Hantt Theneral Home, Walker The DATE 5 7 1966 "worles Judge							
1								



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DERT

PM3. Page and 3 to delay is

Fire pages Land 2 w th the State Department of and in any event within 72 hours after death burial-transit permit.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

Health ar its designated agent, prior to burial, cremat an, ar removal,

a DEBUTY MINIMALE EXAMILER: This certificate should be executed within 24 hours offer death. If a necessary, please execute the certificate, writing the ward "pending" in pencl in Item 18.2013, Pages 1, the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office dieagowith farm

	02750	MEDICAL EXAMINER	'S C	ERTIFICATE O	F DEATH		02722
1.	PEACE OF DEATH a. COUNTY Prince George	MARYLAND		2 USUAL RESIDENCE (V o. STATE Md	Where deceosed lived, if institution is countried in the	TY	1/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16 DOA		Kentlan	tside corporate limits, write RUR.		neorest town)
	d NAME OF HÖSPITAL OR INSTITUTION (If not in Prince George Gener			d street address 7426 Land	over Rd.		e IS RESIDENCE ON A FARM? YES NO 3
3	NAME OF First DECEASED (Type or print) Mi	Middle .chael		Los: Minni	4 DATE Month DEATH 2		Doy Year 18 19 66
S.		MARRIED NEVER MARRIED WIDOWED DIVORCED	8	7 Dec. 19	9. AGE (In years lost birthday) 65 yrs	2 .	Doys Hours Min
	USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (Stote Washingto	or foreign country)	12 CITIZ GOUN	EN OF WHAT
13	FATHER'S NAME Charles M M	linni		14 MOTHER'S MAIDEN N	*******		
IS [Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of se			FORMANT rles M Mir	nni Kentlan		
	18. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).	11.17	l	oneumonia			INTERVAL BETWEEN ONSET AND DEATH UNRITOWN
	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (c) (c)						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED	TO THI	E TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)		19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING ☐ CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURR	ED (Er	nter noture of injury in I	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19			OF INJURY (Home, form y, street, office bldg , etc)		(Count	(Stote)
	21. I certify that I taak charge a death resulted from: Natural			l an Autapsy <mark>□3</mark> ;, e □1. Hamicide		iry 😿,	and in my apinian
	ACTUAL SIGNATURE	Kehre		CHIEF MEDICAL M.D. ASSISTANT MED	EXAMINER C		22. DATE SIGNED
	EXAMINER'S John Kehoe.	M.D. Riverdal	e	DEPUTY MEDICA	L EXAMINER		2-19-66

23c NAME OF CEMETERY ORXENIATORY
Arlington National

Arlington

ADDRESS

Hyattsville Md.

Address (Street, city, town, or county)

250 RECD BY REGISTRAR DATE EB 23 19

23d. LOCATION (City or Town)

19

Arlington Virginia

25b

(County)

(Stote)

VR A15ME (5) 6M 1/66

NAME (Type)

Burial

BURIAL, CREMATION,

REMOVAL (Specify)

Gasch

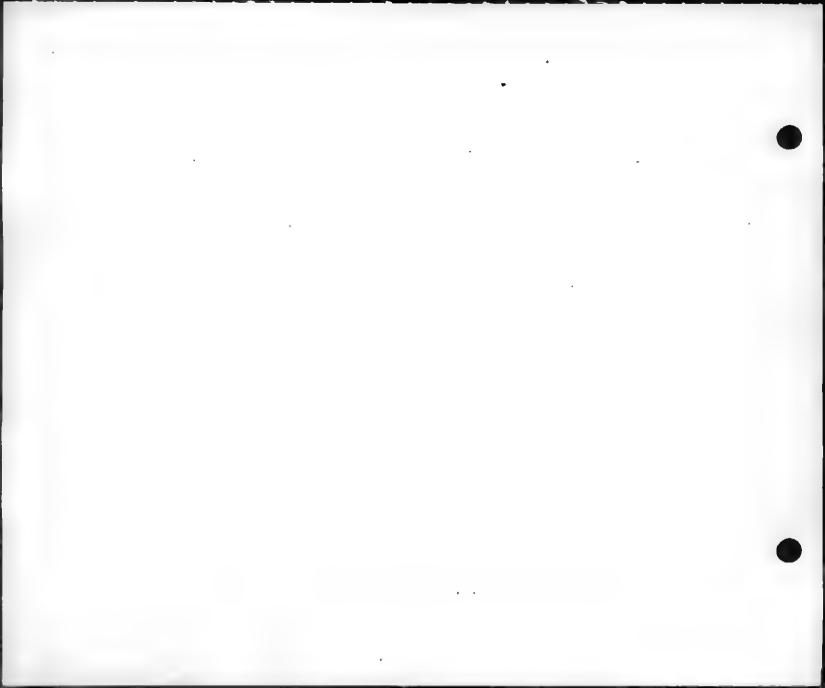
24. FUNERAL DIRECTOR

DATE THEREOF

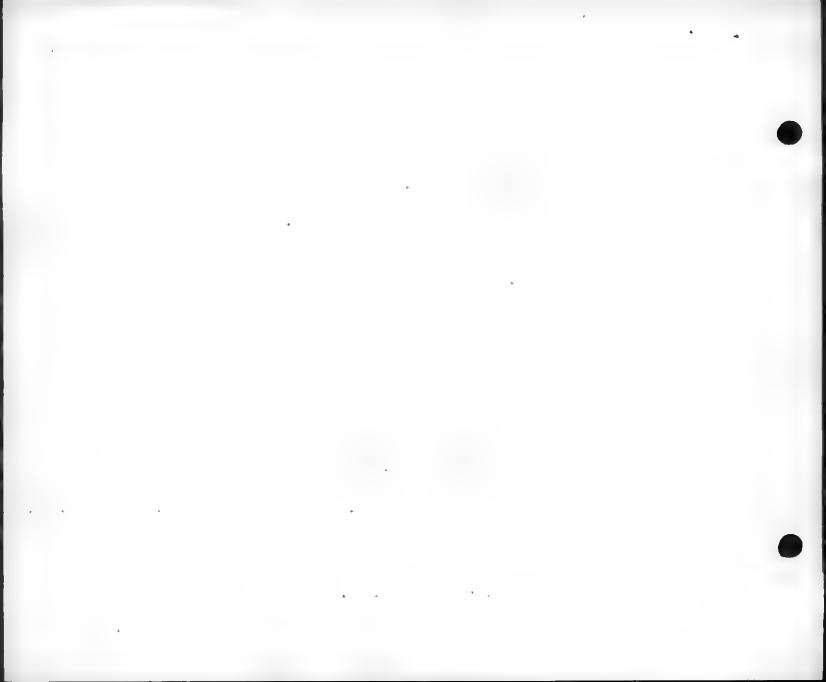
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Feb 23, 1966

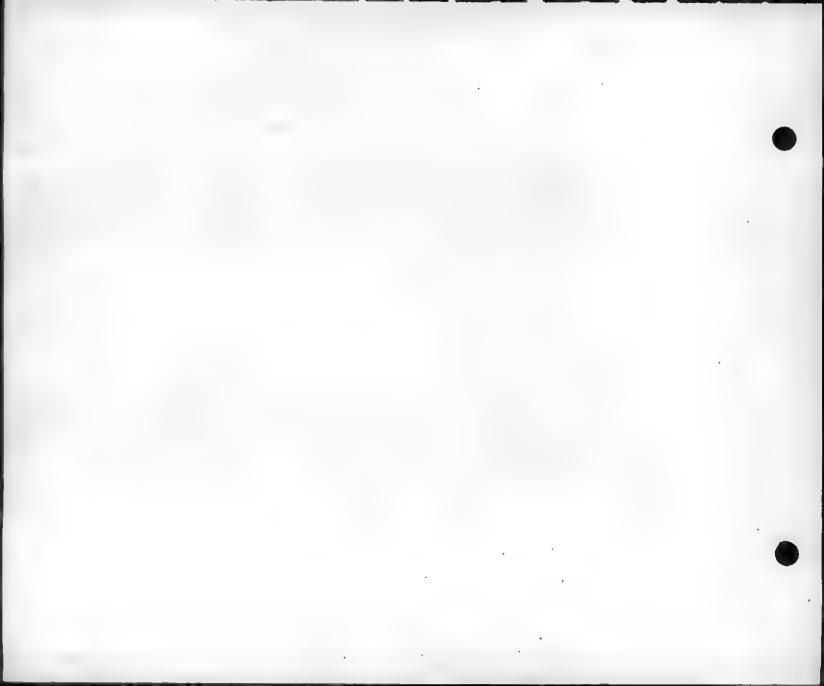


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02754 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE Page jo y delay is death. Prince George's MARYLAND Prince George's Department b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY N 1b c CITY OR TOWN (It outside corporate limits, write RURA), and give nearest town) and write RURAL and give negrest town) after Cheverly 21 days Upper Marlboro a NAME OF HOSPITAL OR INSTITUT ON (If not in haspital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form Item 18. Give Pages Φ Prince George Hospital YES NO 9705 Dale Drive This certificate should be executed within 24 hours ofter death Office along with 3 NAME OF M ddie Lost 4 DATE Day DECEASED 0F R. (Type or print) Patricia Mitchell DEATH 19 66 S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BRTH 9 AGE (n years IF JNDER 1 YEAR | IF JNDER 24 HRS NEVER MARR ED last birthday) Haurs WIDOWED D VORCED event 12 Jan. 1935 Female Uhite 10a USUAL OCCUPATION (Give kind of work dane 11 B RTHPLACE (State or foreign country) Ob KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
housewife INDUSTRY COBNTRY? pages 10 Richmond, Virginia please execute the certificate, writing the ward "pending" in pencil 'n directar. Page 4 shauld be forwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ⊆ Charles Robinson Edith File Bruffev 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) [(If yes give war ar dates af service) +6 SOCIAL SECURITY NO 17 INFORMANT Address ar remaval, David A. Mitchell Same as Item 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Brain stem contusion burial, cremation, DUF TO Conditions, if any, which gave (b) nse to immediate couse (a), DUE TO stating the underlying cause 0 PART I. OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO X 0 1 90 20a EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 3 should PRIMARY CLOT CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH Driver of car in collision with truck 5 may be retained far your files to FUNERAL DIRECTOR: Page 3 sh Health or its designated agent, 20c T.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF .NJURY (Home, farm. 20f. (City or town) (County) Haur a.m. While Not While factory, street, affice bldg., etc.) 19 66 at work at work 3:18pm pm 3-20-Rt. 301 and Rosarvville Rd. Prince Geo. Co. 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [8], Inquiry 3 and in my opinion the funeral director. Notural causes Accident A. deoth resulted from: Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER (C) **EXAMINER'S** Riverdale, Md. John Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) 2-11-66 230 BUR AL CREMATION/ 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Feb. 14-1966 Washington Nat 1 Suitland, Md. 250 REC'D BY REG STRAR 2Sb REGISTRAR S SIGNATURE mereley VR A15ME (5) Bros.-1661-Good Hope Rd SE 1000 6M 1/66 Wash DC



IC HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Meath certificate be exemuted within 24 here after dealh. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of scann and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after egath. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Ttom #22 CERHIFICAL	E UF DEATH	12 6 6 1
1.	PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
	II. COUNTY	a. STATE b. COUNTY O	0
	FINCE GEOFGE MARYLAND		nce coonge
	b. CITY OR TOWN (if outside corporate limits,) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Riverdale	Hactsville	1/-1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		13,71/2/14	ON A FARM?
	heland lemorial Hosp	1 621 To AVE	YES NO Z
3.	NAME DF First Middle DECEASED	Last 4. DATE Month	Oay Year
	(Type or print) Dames lettit	Morris DEATH teb.	12,19661
5.			YEAR IF UNDER 24 HRS.
V	nale white WIDOWED DIVORCED		Oays Hours Min.
		2 5 71s. 1	TIZEN OF WHAT
dur	ing most of working life, even if retired) INDUSTRY / \	_ (0	UNTRY?
		houndon Co Virginia	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Robert Morris		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITYNO, 1 17.	INFORMANT Address	
(Ye	s, no, or tinkown) (If yes give war or dates of service)	_	
		Daughter	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) MUCOSTU	in la utinil	OMSEL WIND DEWLIN
	1/3 01		
	DOE 10		
	Conditions, if any, which gave rise to immediate (b) Anterioscler	our front desease	
	cause (a), stating the DUE TO		
_	underlying cause last. (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
AT			PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCI	JRRED, (Enter nature of injury in Part I or Part II of Item 18.	
ERT	OR CONTRIBUTING CAUSE OF DEATH	JAKED, (Lister statute of sulpity in Fait 1 of Fait 11 of Stein 10.	,
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
ED.	white Mot while	ny, streat, diacoundg., etc., i	
Z		2 21// 1 2/	/
	21. I certify that (I) (this hospital) attended the deceased from_2		Le, that (I) (we) last
		t death occurred at 1/22M, from the causes and on the	
١,	22a. SICNATURE		ATE SIGNEO
	M. Merdel M.	ATTENOING MED. STAFF DIRECTOR PHYS.	12,1966
	22c. PHYSICIAN'S TO COLOR	22d- , ADDRESS / / - / -	+- 1
	NAME (Type) D. R. PURDIE	Iteland memorial Horges	Can-
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
-	REMOVAL (Specify)		
24	FUNERAL DIRECTOR (1) ADDRESS ADDRESS 1	ational Com Arlington	S CICNATURE
24	FUNERAL DIRECTOR	141 238. REGISTRAR 230. REGISTRAR	a piditAtore
	Justers Jus, Ilyallimile.	Mo DATE D 15 1998 Polianla	Judas.
-			



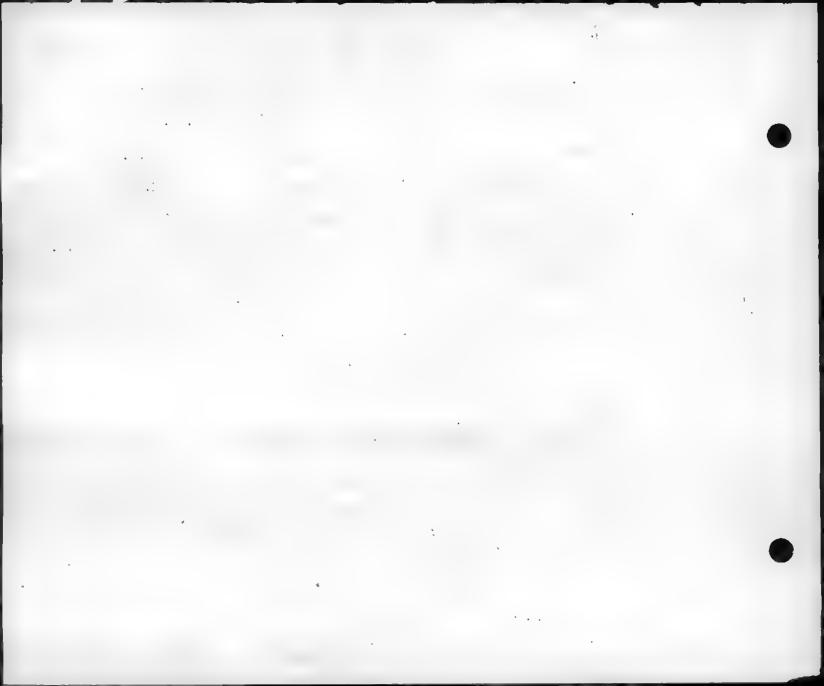
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executed within 24 hours after death,

ON STATE

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	a. COUNTY	Н				2. USUAL RESIDENC	CE (Where dec			sidence before admission
	Prince (George's		MARYL	AND	a. STATE	4	b. COUN		
	b. CITY OR TOW Write RURAL	YN (if outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corp	porate limits, wr	ite RURAL	end give nearest town
	Cheverly	y		2 days		Washin				
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In h	ospital, give street ad	dress)	d. STREET ADDRESS	5.0119	D. C.		e. IS RESIDENCE
	Prince (George's Ger	neral F	iospital		SOUD B	alling	Ave. S.	5.0	ON A FARM?
3.	NAME DF		irst	Middle		Lest	4. DATE	Month		Pay Year
	OECEASED (Type or print)	Gr	ace	C		Morrison	OF DEATH			10
5.	SEX			NEVER MARRIED	8	DATE OF BIRTH	E	AGE (in years)	TETINISED 1	28 19 66 YEAR IFUNDER 24 HRS
	Female	White	WIOOWED	DIVORCED		1-30-94		last nirthday)	Months [Days Hours Min.
108	. USUAL OCCUPAT	FION (Give kind of work)	done 10b. K	INO OF BUSINESS OR		11. BIRTHPLACE (Co	unty & State.	7 2yrs.	1 12. CIT	IZEN OF WHAT
ยนเ	Housewi	ing ine, even it retired	d) [F	NDUSTRY Ome		West Vir		***	l COL	U.S.A.
13.	. FATHER'S NAM	IE .				14. MOTHER'S MAID	_		,	1,0,1,
	Charles	s Harman				Minnie Ca				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	PRCES? 16.	SOCIAL SECURITY NO.	1 17.	INFORMANT		Addres		
(Ye	es, no, or unkown)	(If yes give war or dates of	of service)		Ev	elyn M. Hef	lin 5		-	venue, S E
				me for (a), (b), and (c).	.1/	1 1		T-F-4.		INTERVAL BETWEEN
		EATH WAS CAUSED BY. , IMMEDIATE CAUSE	(9)	envilized	1	eritaritis				ONSET AND DEATH
	F-1-1	DUE 1		. 10	1	1 /11				
	Conditions, If	any, which \	(b) 1.	erforated	De	stic Wer	1.			
	gave rise to cause (a), st	Immediate (1	11		£			
	underlying cause	a last	(c)	(
08			NS CONTRIBU	TING TO DEATH BUT NO	TRELAT	EO TO THE TERMINAL DI	ISEASE COND	DITION GIVEN IN P	ART 1(a)	119. WAS AUTOPSY
CERTIFICATION	CI	home	Olh	Limetile	1	ather	. (*****	PERFORMED?
TIE	20a. ACCIDENT	WAS UNDERLYING	20b. 0	ESCRIBE HOW INJURY	COCCUF	REO. (Enter nature of	Injury in Per	rt I or Part II of	Item 18.)	TEAM NO
	OR CUNTRIBUTE	NG CAUSE OF DEAT FIFY MEDICAL EXAMIN	IH IER)						11000 400,	
CAL		NJURY Month, Oay, Y	rear 20d. IN	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, far	rm, 20f. (City or town)	(Coun	ty) (State)
MEDICAL	Hour a.m	n. 19	While at work			y, street, office bldg., etc	c.)		,-	
	21. I certify	that (I) (this hosp	ital) attende	ed the deceased from	m. 🏎	JE 15, 19	45 to_	Fel-V	196	e, that (I) (we) last
		eased alive on	Hel	- 10 19-16 and	d that	death occurred at 12	M, from	m the causes a	nd on the	date stated above.
	22a. SIGNATUR		R	•			1ED			E SIGNEO
	Will		Le	un	M.D.	PHYS. L	IRECTOR	STAFF PHYS.	4	21/6
İ	22c. PHYSICIAI NAME (Ty)		BRA	ININ		22d. ADDRESS	trul 1.	And, Cap	total	Hal M
23a.	. BURIAL, CREMA	ATION, 23b. DATE TO		23c. NAME OF CEM			23d. LOC	CATION (City, tov	yn or coun	ty) (State)
	Burial	3-3-00	5	Washington	n Na	tional	Suit	tland	Ma	aryland
24. Wi	. funeral direction . The lm Fu	ctor neral Home	4308 5	ADDRESS Suitland Rd	Sui	tland MAR	O BY REGIST	TRAR 25b. REI		SIGNATURE



TO FUNERT DIRECTOR. After this certificate has been signed by the attending physician and please former and the funeral director, page 3 should be detached for use as the burial-transit permit. Then please former carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending pllysician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	Lake of the			OFIGURE	//LI =	OF DEATH				17 17 3 Ad	13
T.	PLACE OF DEAT a. COUNTY	Н			1	2. USUAL RESIDENC	E (Where dece	ased lived, If institution	n: Residen	ce before admissio	n)
		Prince George	2 5	Adaptil I		a. STATE Md		b. COUNTY P	.G.		
-	b. CITY OR TON	It of outside cornorate lu	mits.	MARYLA LENGTH OF STAY 1		c. CITY OR TOWN (If	outside corp	orate Ilmits, write RU	RAL and s	give nearest tow	מו
	WITTE RURAL	and give nearest town)			11	1	sville	,		4	,
-	d. NAME OF HO	LY SPITAL OR INSTITUTION (ii	not in hose	2 hrs.		d. STREET ADDRESS	SATITE			e. IS RESIDENC	0 E
	311111111111111111111111111111111111111				- 1					ON A FARM?	1
_			eners	1 Hospit	al	407 Gr	eenlawn	Drive		YES NO]
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	Da		
_	(Type or print)	Orris	3	Emma		Morton	DEATH	Feb.26		1966	
5.	SEX	6. COLOR OR RACE 7.	MARRIED 🔀	NEVER MARRIED	B.	DATE OF BIRTH	9.	AGE (in years IF UN last birthday) Mont	DER 1 YEAR		
	Fem	White W	IDOWED [DIVORCED		12-28-13		52 5/kg.	ть раук	Hours	la
10	a. USUAL OCCUPAT	ION (Give kind of work done	10b. KINI	D OF BUSINESS OR		11. BIRTHPL ,E (Co		or foreign country) 12	. CITIZEN	N OF WHAT	_
""	Clark	Ing life, even it retired)	Cent	Falal Chg.		Baltimor	e, Md	•	COUNTR	S. A.	
13	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME			F. 4 F. 7	_
	Edmun	d W. Shamle	ffer,	Sr.		Emma Mar	tin				
1!	5. WAS DECEASED	EVER IN U.S. ARMED FORCE	\$7 16 50	CIAL SECURITY NO.	17 1	NFDRMANT		Address			_
(Ÿ	es, no, or unkown)	(If yes give war or dates of serv	ice)					_			
-	no	none		<u>3-16-8688</u>		arles W.	Mor to	n,Sr san		above	_
		DEATH [Enter only one car	use per line	for (a), (b), and (c)	1				INT	TERVAL BETWEEN ISET AND DEATH	N
	PART I. DI	EATH WAS CAUSED BY: 1 IMMEDIATE CAUSE (a)	[-]	· 2. H 1	J						
	14201	DUE TO				(.					
ı	Cenditions, If	any, which \ (b) -	Seve	re focul	S	tenosine	2 cor	onary			
1	gave rise to cause (a), s			0			1 0				
	underlying caus	rating the f			(arterios	ecler	cous			
5	PART II. OTHERS	GIGNIFICANT CONDITIONS	ONTR IBUTI	NG TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL D	IS EASE COND	ITION GIVEN IN PART :	I(a) 19.		
F									V	PERFORMED?	7
旧	20a. ACCIDENT	WAS UNDERLYING	20b. DES	SCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	Inhury in Par	t Cor Part II of Item		-3 - 10 -	
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NO	NG ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)			00001	(2000) (1000)	injury m i m		20.7		
MEDICAL		INJURY Month, Day, Year	20d. INJU			E OF INJURY (Home, far , street, office bldg., et		ity or town)	(County)	(State)	_
l B	Hour a.r		While at work	Not While at work	tactory	, act act, Amea 1408-, at	16.,				
-		y that (I) (this hospital)			m F	1 .91 10	In to	Feb. 26 , 1	0// 1	that (1) (we) la	cł.
		ceased alive on									
	22a. SIGNATU		1	direction of the	u tilet		L. 111, 1101		. DATE S		124
1		(1/6	liel	11	M.D.		MED.	STAFF -			
	22c. PHYSICIA	N's		A 1 4 4	M.U.	PHYS. C	IRECTOR _	PHYS. L			
	NAME (T)	DHANNE	EC 1.	AMAKYA	W	5813 Lar	ndover	Road, Cl	neve	ry, Md.	,
23	a. BURIAL, CREV REMOVAL (Spi	ATION, 23b. DATE THER	EOF :	23c. NAME OF CEM	ETERY (OR GREMATORY		ATION (City, town or	471	(State)	=
	hundo	1 3/2/66		Ft. Line	colr		Prin				•
24		CTOR COM	o war t	ADDRESS	m T		D BY REGIST	0.001		0	
	The S.H	.Hines Comp	any v	Vashingto	ـــا و ۱۱۱۰	DATEIAF	7 2 18	356 fills	rees	Judge	
1 -						,					***



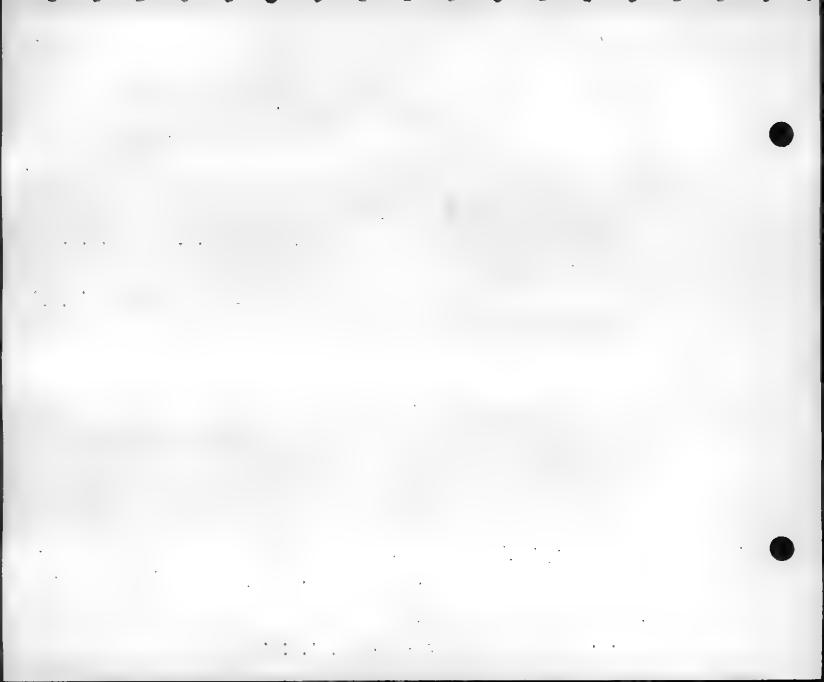
TO HOSPITAL OR ATTENDING MHYSICIAN. The law requires that the death cartificate be executed mithin 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

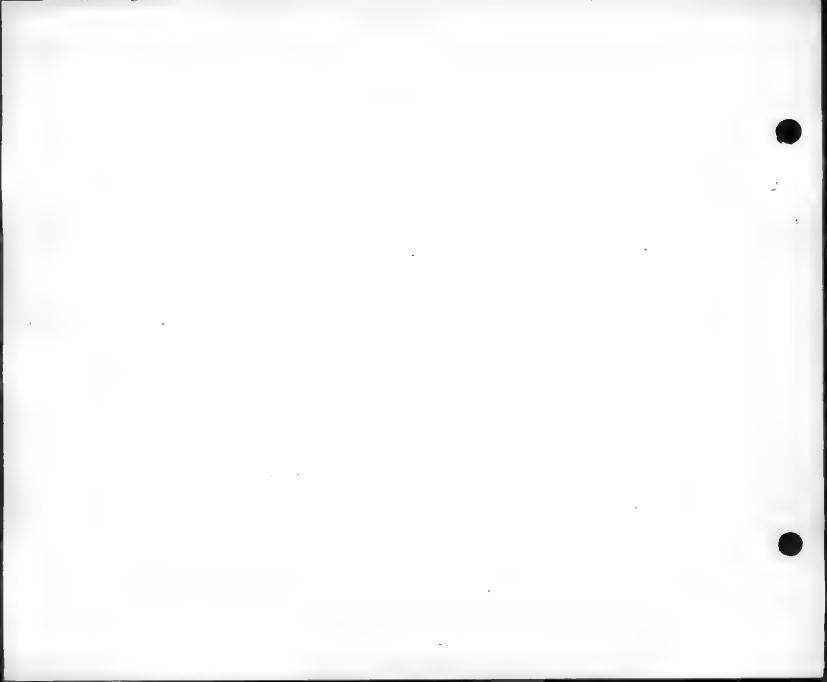
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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1. MARYLAND
	·	ARK. 44 FB 11
02755	CERTIFICATE OF DEATH	(1) ワソフ
1114 2 2 2		11244

Like a way	OLKINIOAIL	OI DEATH		1160,64
a. county Prince Georges	MARYLANO	2. USUAL RESIDENCE a. STATE Mary	(Where deceased lived, If institution: Land b. county Pr	Residence before admission) ince George
b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) Clinton	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (15 OU Distric	tside corporate limits, write RURA t Heights	L and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos Clinton Medical Cen		d. STREET ACCRESS 2807 Ra	mblewood Drive	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\square\)
3. NAME OF DECEASED (Type or print)	Eloise 71	e1/50N	4. DATE Month OF DEATH Feb. 26	Day Year 19 66
female white 7. MARRIED 7. MARRIED	OIVORCED [11/24/88	9. AGE (in years IF UNOE last birthday) Months 77 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10b. Kifduring most of working life, even if retired) Housewife	OUSTRY	Washingto	n, D.C. U	COUNTRY?
Peter Perry Mason		Dora Clay		
(Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT To Neilson	Address Wa n-1015 Upshur S	sh. D.C. st. N.E.
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).1 te ardia	ic failsi	-e	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which \ OUE TO	CVD			
cause (a), stating the underlying cause last.	74D			
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ING TO DEATH BUT NOT RELAT	FED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUP	RREO. (Enter nature of in	Jury in Part I or Part II of Item 1	8.)
ZOC. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. P.m. 19 at work	Not While factor	E OF INJURY (Home, farm y, street, office bldg., etc.)	c, 20f. (City or town) (Co	ounty) (State)
21. f certify that (I) (this hospital) attended saw the deceased alive on	d the deceased from 19 6 6 and that		M, from the causes and on	the date stated above.
22a. SIGNATURE	M.O.	ATTENDING	22b.	DATE SIGNED
22c. PHYSIGIAN'S DR DAVID AT	VP3RS/	3 3 0 C De	rage Pack Rd o	foredore
23a. B. JAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) burial 3/1/66	23c. NAME OF CEMETERY Glenwood Ce	emetery	Washington, D.	.C.
The S. A. Hines Company	2901 14th Washingtor	St NoteAR	2 1956 Killany	les Judge



MARYLAND STATE DEPARTMENT OF HEALTH



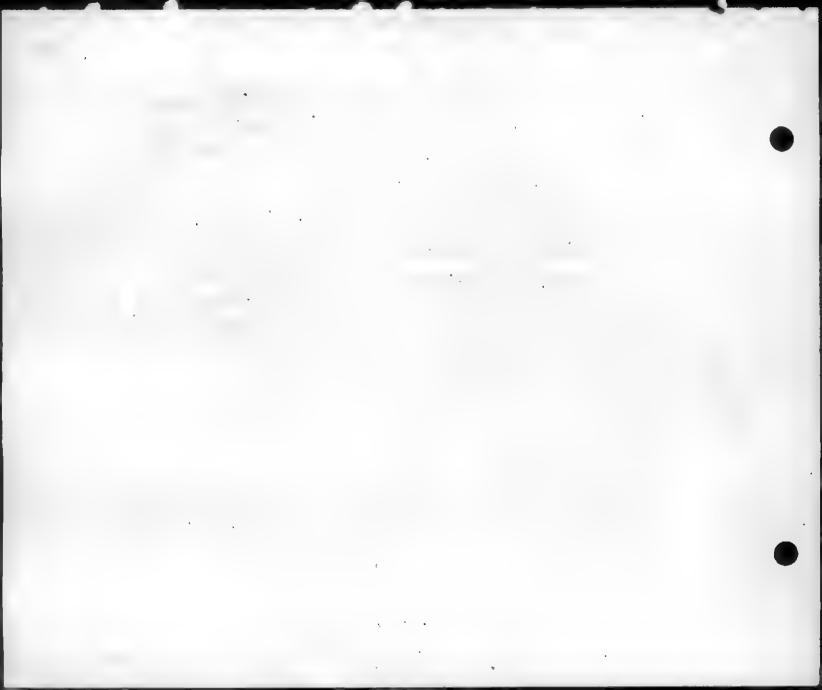
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

UERTIFICAT	E OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Pr. God's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Westwood 11 yrs.	Westwood =/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
000 400	ON A FARM?
3. NAME DF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) Ella Ida	Olson DEATH February 21. 19 66.
7. WARRIED HEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Oct. 28,1885 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Minnesota U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) 1(1) yes give war or dates of service)	INFORMANT Address
	sther O. Naylor Westwood, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
Conditions, If any, which \ DUE TO	vie and albeite you
i gave rise to immediate r	
cause (a), stating the DUE TO	
Underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELE	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
E TAKE II. OTHER STRIFF CART CONDITIONS CONTRIBUTING TO DEATH BUTNOT RED	PERFORMED?
CO - RODIOFRIT MAR INCOMINATOR I CON DEPONDE HOW INVENTOR	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
2 Millia Mor Millia	ry, street, office bldg., etc.)
	?-7 , 19 5 7, to 2 2 1, 19 66, that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3.2.4 19.64, and that	t death occurred at 3: 2/1 M, from the causes and on the date stated above.
22a. SIGNATURE	I death occorreg at a m, from the causes and on the date stated above.
, win a down in M.	ATTENDING MED. STAFF CO 0 /02 ///
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) RICY 31d HO DODSOV	Souge, M
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/25/66 Loeds Come	tery Leeds N. Dakota
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ritchie Bros. Upper Marlboro, Md.	DATE MAR 7 1966 Jelianles Judge
	TOME MIPTING

. · TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. In TINERAL ELECTOR: After this certificate ham been signed by the attending plysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 end 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_		CERTIFICAL	E OF DEATH		116661
1.	PLACE DE GERTH		2. USUAL RESIDENCE (Where decea	ed lived, If institution: R	esidence before admission)
	a. CDUNTY	Co	a, STATE	b. COUNTY	1-2/2 -1
_	b. CITY DR TOWN (If outside corporate limity,)	MARYLAND c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corpor	TRIA	ice becares
1	white RUKAL and give nearest town)	C. LENGIN UP STAT IN 10	E. CITY OR IDWN (II outside corpor	ate limits, write KUKAL	and give nearest town)
<u>_</u>	anhom, Md.		TUXEDA	/	6-1
1	d. NAME OF HOSPIPAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
V	Jagnolia Jardens Nu	vs ma lamo	5914 ARBOR	, RD	YES ND X
3.	NAME OF FIRST	Viiddle	Last 4. DATE	Month	Day Year
_	(Type or print) / / / PO/EO/	B. C	Rndoff DEATH	7 eb-	4 1966
Э.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED		GE (In years IFUNDER Months	
_/	NALE White WIDDWE		29 JEP1 1878 8	7 yrs.	
dui	a. USUAL OCCUPATION (Give kind of work done 10b, ring most of working life, even if retired)	KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, er		TIZEN DF WHAT
		USTRUCTION	WinchesTer	VA L	1.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		(DORF	JACKIE JOHN	HOZY	
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 es, no, or unknown) (11 yes give war or dates of service)		INFORMANT P OPLINE	E 3105 WE	LLER RD
	NO 5	79 03 1766 Es	WARD BORNDOF	SILVER SP	RING, MD
-	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).1			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(1 s essa :			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	/ Comment			Certification
	Conditions If any which \				
	Conditions, If any, which gave rise to Immediate (b)				
	cause (a), stating the DUE TO				
_	underlying cause last. (c)				
I O	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIL	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ICAI					YES ND P
플	20a. ACCIDENT WAS UNDERLYING [] 20b. DR CONTRIBUTING [] CAUSE OF DEATH	DESCRIBE HOW INJURY OCCI	RRED. (Enter nature of injury in Part	I or Part II of Item 18.	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA		ty or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While	1 UIOE AAUTIG	ry, street, office bldg., etc.)		
Z	p.m. 19 at wo		178/10/6 40	1 / 67 10/	(a that (l) fund last
	saw the deceased alive on	1/ //- /	double assured at 95 (the frame	/ /	£, that (I) (weet last
	22a. SIGNATURE	19 V , and that	death occurred at M, from	the causes and on th	ATE SIGNED
	20. 310111111	M:D	ATTENDING MED. DIRECTOR	STAFF - 1/1/	ATE STATED
	22c. PHYSICIAMS	m.u	PHYS. DIRECTOR L	PHYS.	1 11 01
	NAME (Type) = MUSS	EV MP.	4410 74	and h	tyselsule
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of coul					
1	3 REMOVAL (Specify) & FEB 1960	NINEVAH	CEM. NINE	VAH	VA.
24	FUNERAL DIRECTOR	ADDRESS A	1/14 1/25a. REC'D BY REGISTE	AR 25b. REGISTRAR"	S SIGNATURE
1	N.W. Chambers 6.	2 Thurdsle	9/19 PATE B 10 198	8 Peliante	Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 AND RECORDS,

02753

FOR STATE HEALTH DEPT

pages Tand 2 with the State Department of

uny delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Gwe riges 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3 Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours often death If

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

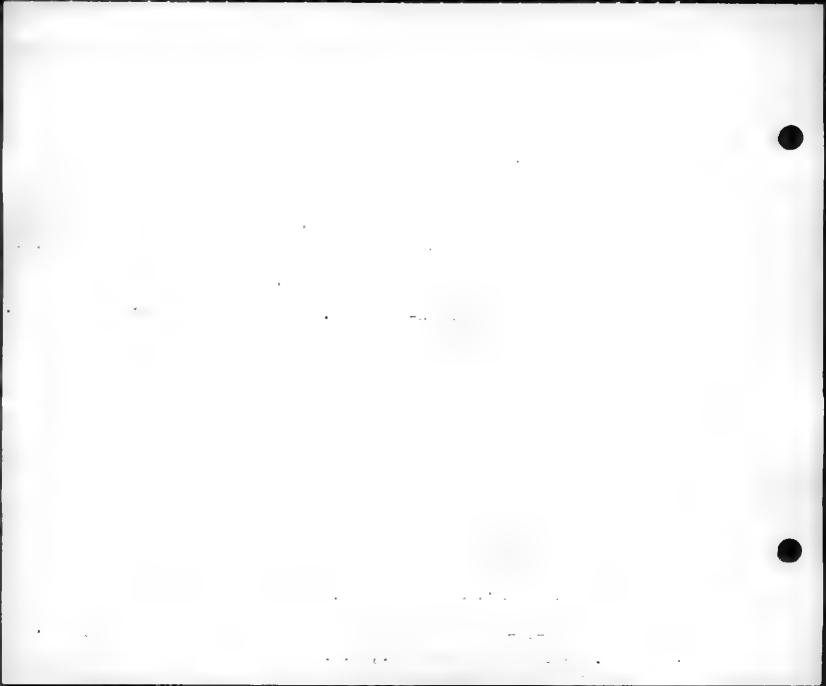
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Signature Country Co	400 4 0		nos	Honor Ma	rlhoro	16-1	
Chambers Funeral Home Sugar Loaf Hill			MA CA CA CA		1 7010	e. IS RES DENCE	
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15 No December 15 No December 16 Social Security No 17 INFORMANT 18 Social Security No 17 INFORMANT 18 CAUSE OF DEATH (there on y one couse per Line for (c), (b), and (c) PART I DEATH WAS CAUSED BY Minimum	C	rant Owens		Ukn.			
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EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230 BJRIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) (Stote)		ACCUAL ACCUANT MEDICAL EXAMINED 22. DATE SIGNED					
NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 2-11-00 230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)		DEPUTY MEDICAL SYMMINED					
		John Kehoe,	M.D. Riverdale, M	d • Address (Stree	t, city, town, or county)	2-11-66	
			23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)	
Rurial 2-14-1966 Union Methodist Church Upper Marlboro, Md.		1 2 11 10	66 Union Metho	ndist Chur	ch Upper Mar	Lboro. Md.	
24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR S S GNATURE				2So REC	D BY REGISTRAR 25b REGIS	TRAR S S GNATURE	
Myrtle K. Rollins 4339 Hunt Pl., N.E. DATFEB 15 1966 Planles Judge		Am 20 4 1 4	75 771 4 777 004		D	/ B / .	

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a bunal-transit permit. File

5 may be retained far yaur files.

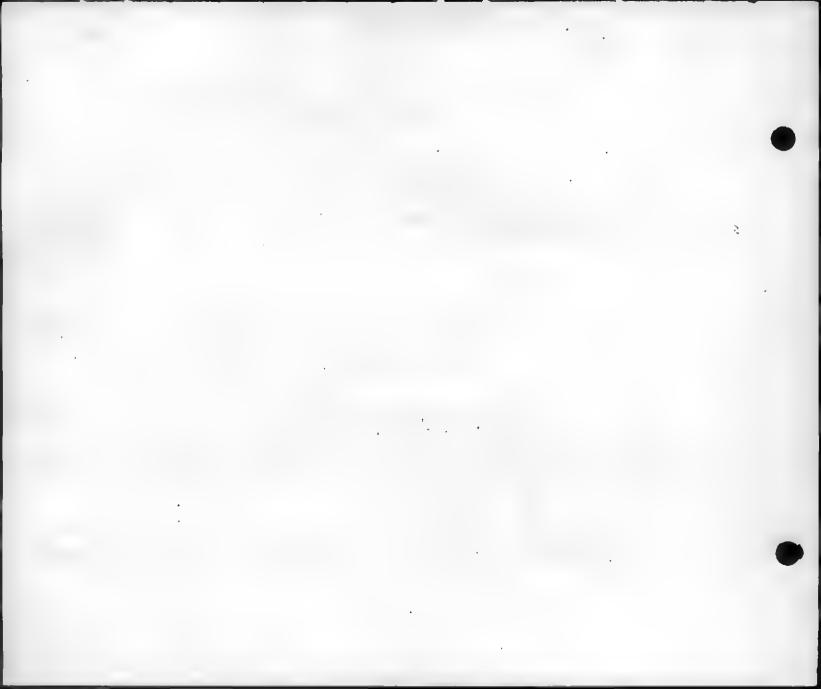


TE NEBRITAL UR STREMENT PHYSICIAN: The lam requirem that the death certificate be executed within 24 hours after Leath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attemding mysterm, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, amove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

STEP

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
	a. STATE DO COUNTY BOLD				
b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL and give nearest town)	C. CITI ON TOWN (II outside corporate limits, write notice and give nection town)				
H40+70 ville 8-20-64	13altimore - : /				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE				
IN HILL M. M I II.	1424 M.L. Ross O. Asso. VEST NOTES				
Hyattsuille Nursing Home	1 1000 1000				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) Mary	Parker DEATH 2 24 19 66				
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
	iast birthday) Months Days Hours Min.				
FEMALE WhitE WIOOWED DIVORCED	10.30.1877 88 yrs.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
R. C. Albus	DC // CA				
13. FATHER'S NAME	1/14. MOTHER'S MAIDEN NAME _				
william Hoffman	Bridgett Sheehan				
15. WAS DECEASED EVER IN U.S. ÁRMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ((If yes give war or dates of service)	INFORMANT Address				
(1 co, 100, or minority) (11 her flut was at distres of relative)					
1 10 CAUSE OF BEATH Fentar only one payed For line for (a) (b) and (a) 3	INTERVAL BETWEEN				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coreland T	normborn 2d				
X DUE TO 2 1					
Conditions if any which i	3				
gave rise to immediate	CF, MG				
cause (a), stating the DUE TO					
underlying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
18 Unharlensun	YES NO DE				
TOO AGOLOGIE WAS HISTORIE WAS TO A TOO TOO TOO TOO TOO TOO TOO TOO TO					
20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)				
	,				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto p.m. 19 at work at work					
Hour a.m. While Not While facto	ory, street, office bldg., etc.)				
p.m. 19 at work at work					
21. I certify that (I) (this hospital) attended the deceased from	1964, to 24 fel 1966, that (1) (we) last				
saw the deceased alive on 23 700 1966, and that	t death occurred at A. from the causes and on the date stated above.				
22a. SIGNATURE	22b. DATE SIGNED				
Malley as Offell	ATTENOING TO STAFF				
22c, PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. 1 27/66				
NAME (Type)	2201 70011500				
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial 2.28.66 Mt Olivet Cemetery Washington D C.					
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE					
Lee Funeral Home 300.4th s t N E	MAR 2 1966 Schanley Judge				
ALCO A CALL TO THE STATE OF THE	DAMPAIL & 1000 A				

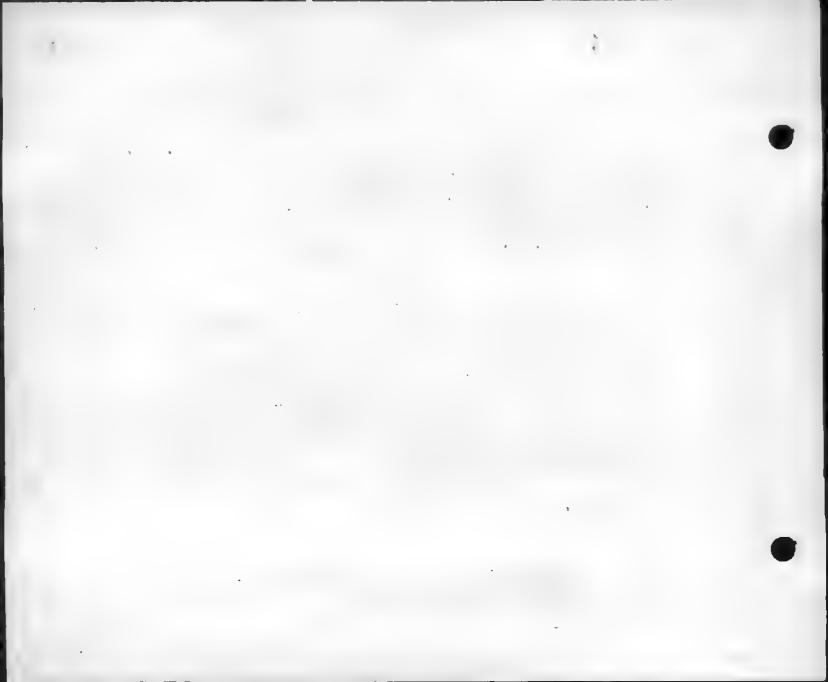


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
	PRINCE GEORGE	a. STATE VIRGINIA b. COUNTY FAIRFAX					
-	MARTLANU	VIRGINIA FAIRFAX c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
	write RURAL and give nearest town)						
	SKKXKKKKK I DAY	SPRINGFIELD					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					
1 _	L'SAF HOSPITAL ANDREWS	6308 CUMBERLAND AVE. APT. 102 YES NO.					
3.	NAME OF First Middle DECEASED (Type or print) CLYDE NELSON PARTHI	Last 4. DATE Month Day Year OF FEB 18 19 66					
5.	. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS					
	MALE CAU WIDOWED OIVORCED	31 DEC 1909 Sast birthday) Months Days Hours Min					
10	Da. USUAL OCCUPATION (GIVe kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT					
171	USAF OFFICER (LT.COL.RET.) USAF	PENNSYLVANIA U.S.					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
П	ROY PARTHREE	DORA NORRIS					
1		INFORMANT Address FAIRFAX. VA.					
()	Yes, no, or unkown) (If yes give war or dates of service)	The state of the s					
		NALD C. PARTHREE 6208 CUMBERLAND AVE.#T-2					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	10 St AND DEATH					
	4001 DUE TO	t t					
	Conditions if any which)						
	gave rise to immediate						
П	cause (a), stating the OUE TO Action to Provide Alicant Minmas						
Š		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY					
ΙĒ	THE THE STATE OF T	PERFORMED?					
		YES NO XX					
CERTIFICATION	200a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)					
Į¥.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
MEDICAL	Hour a.m. While Not While factor	y, street, office bidg., etc.)					
ĮΣ	p.m. 19 at work at work						
П	21. I certify that (1) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last					
П	saw the deceased alive on Fele 18 1966, and that death occurred at 820 PM, from the causes and on the date stated above.						
	22a. SIGNATURE 22b. DATE SIGNED (
П	Maried S. Milley 177 M.D. ATTENDING MED. STAFF PHYS. ET 1-66 18-66						
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
	Country (1) por						
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
		Sional Arlington Virginia					
2	A. FUNERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Iverly-Theatley Funeral Home Alex ndria, Va. DATEEB 23 1968 Actionles Judge							
1	and the state of t	I DAIL LO DO TOUGH //					

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र्क व		b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If out	șide corporate limits, write RUF	(AL and give nearest town)
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윤	_	d. NAME OF HOSP	TAL OR INSTITUTION (If not in h	centrat silva etvant address		7 1,0-1	a to pecipenes
727	-	77711	THE OR INSTITUTION (IT NOT IN II	ospital, give street address)	d. STREET ADDRESS	FAICL DUD"	e. IS RESIDENCE ON A FARM?
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ve carbon paper event, within 72	3	NAME OF	First	- Middle /	D Last 14.	DATE Month	Day Year
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e at a	_	(Type or print)		+ C) / / / / / / / / / / / / / / / / / /	THOMONE!	DEATH / EB_	19 00
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and and		150	= (was /) /E	strate from	1 Doublean	Jely Strat	BRITISA
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burial, cremation, or remova	2 5	P- 411	14 104/1/4	1011911	Lucretice		
<u></u>	(YE		ER IN U.S. ARMED FORCES? 16. If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT,	Address	1 -0 - 1/1)
EP	,	Ma		NONE M	B. EL	100-67	1/11/
9.5 12.5	_	18 CAUSE OF DE	ATH [Enter only one cause per l	inner (a) (b) and (b) Y		watte	INTERVAL PETIMEEN
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as th		underlying cause	last. (c)(C)	200 aligar	ereng ,	-ELOVO XIII	
2.0	CERTIFICATION	PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIBL	IT ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASECONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
atte a	AT						PERFORMED?
of Health p	FIC	20. 10010 111					YES NO
- d	RT		AS UNDERLYING [] 20b. 1	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of In)	ury in Part I or Part II of Item	18.)
t je	CE		FY MEDICAL EXAMINER)				
State Dept. of	Æ	20c. TIME OF IN.	JURY Month, Day, Year 20d.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town) (County) (State)
9 9	MEDICAL	Hour a.m.	While		ory, street, office bldg., etc.)	2011 (010) 01 12111)	(0.000)
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3 should with the		175.	ased alive on FEB		t death conversed at// C		
유튜		22a. SIGNATURE		1967 Sino the	it death occurred apz	M, from the causes and or	
		22a. \$101947URG	61/1000	- 0	ATTENDING - MED	STAFE 220.	DATE SIGNED
age ilec		11	e francy	M.	D. PHYS. DIRI	ECTOR PHOS.	4/10/60
9		22c. PHYSICIAN'	S LY/ F-+		22d. ADDRESS	5 Dz. K	1111
d d		NAME (Type	" M.L. , L.	IENNE	Color	ge vey,	119.
director, page should be filed	320	PHOIAL COUNTY	LION L 225 DATE THEREOF	OZO NAME DE OCH	M OD CREMATORY IV	23d. LOCATION (City, town or	nountus / /season
P Spice	232	REMOVAL (Speci	IION, 23b. DATE THEREOF	23c. NAME OF DEMETER	Λ	* **	
		Cremation	Feb 11, 1966			Colmar Manor,	Md.
0	24	. FUNERAL DIRECT	OR .	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

Hyattsville, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical

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TO MOSHITAL OR ETTEMBING MAYSIGIME. The lam requires that the deat! certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending objectan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after death. MADVI AND STATE DEDARTMENT OF HEALTH

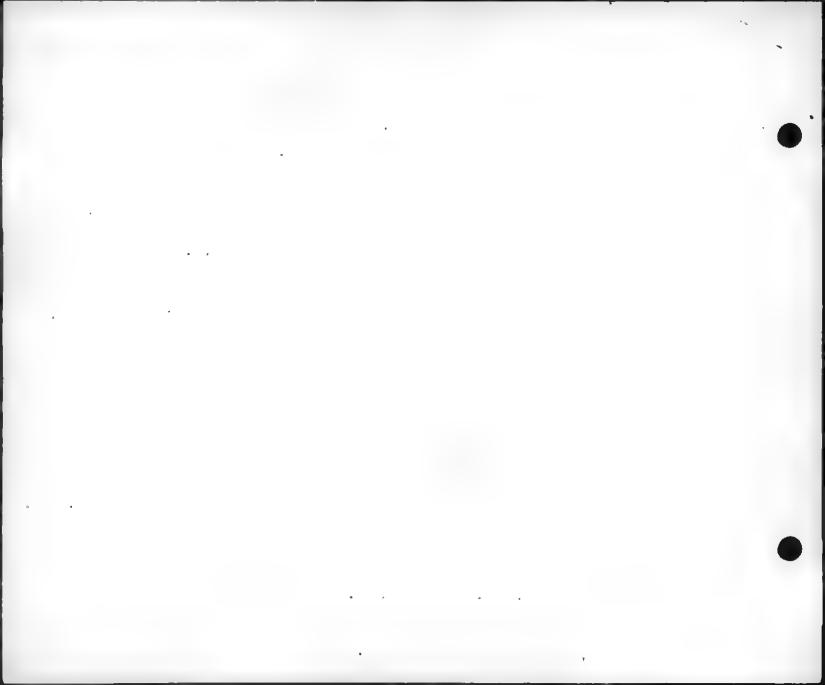
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DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET, BAL	TIMORE 1, MAR	YLAND
02763	CER1	IFICATE (OF DEATH		02	734

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
a county Prince Georges MARYLAND	a. STATE b. COUNTY	
		a Gools
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Brandywine Life	Brandywine /	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE
	P+ (2 Pox 27)	ON A FARM?
Rt. 3. Box 21/1	Rt. 3, Box 214	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Lawson Lansdale	Peed DEATH Februar	V 9. 19 66
	R DATE OF RIRTH 19 AGE (In years LIE UNDER 1	YEAR HE UNDER 24 HRS
	last biginday) (Months !	Days Hours Min.
Male White WIDOWED DIVORCED	181°CH (, 1.90 (50 yrs.)	
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	FIZEN OF WHAT
during most of working tite, even if retired) Rot d Police Officer Pr. Geots		UNTRY?
13. FATHER'S NAME COUNTY	Westwood, Md. U.	S. A.
	14. MOTHER'S MAIDEN NAME	
Charles Peed	Barbara Jane Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address	
(Yes, no, or unknown) (If yes give war or dates of service)	5 1 = 5 0 00m2 = 74	- 110
	Asie T. Peed- Same as It	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY:	-lost_	100
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f & O / DUE TO	V- & New alhersh	134-
Conditions, If any, which) (b) Mended Cont.	V-JL. Yum decken , a	
gave rise to immediate cause (a), stating the DUE TO		•
underlying cause last. (c)		
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO CAUSE OF OF CATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1. P. A. III D. T. HILLIAN BELLANDE AND LANGUE AND LANGUE TO THE PARTY OF THE PARTY	PERFORMED?
		YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)	
G OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CE OF INJURY (Home, farm, 1 20f. (City or town) (Cour	ity) (State)
Hour a.m. while Not while	ry, street, office bldg., etc.)	(State)
20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work		
	Dance 6, 1957 to Febr 9, 196	that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from		
	t death occurred at 4.45 M, from the causes and on th	
22a. SIGNATURE		TE SIGNED
Scales of Homen M.	ATTENDING MED. STAFF 2/9	/66
22c. PHYSICIAN'S Richard H. Dobson, M. D.	22d. ADOREBrandywine, Md.	
NAME (Type) Richard To Bobsun		
		- h-\ (00+1-)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 230 LOCATION (City, town or coul	nty) (State)
Burial 2/12/66 St. Paul 18	Cemetery Baden	Md_
24. FUNERAL DIRECTOR ADDRESS	Come to py Baden 25a. Rec'o by Registran 25b. Registran 2	SIGNATURE
Ritchie Bros. Honon Monlhone Md	1 b 1966 / Care	0

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- 1· 1	Items 18-20 Film G374 3 MARYEAND:STATE DEPARTMENT OF HEALTH
1 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before admission) D COUNTY D STATE D COUNTY
any delay is 2, and 3 to PM3 Page spartment of offer death.	Prince George's Maryland Montgomery
felay nd 3 3 Poor	b C.TY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 1b C C TY OR TOWN (If outside carparate limits write RURAL and give nearest town)
PMY d	Takoma Park 55 min. Rockville
T-E Q Z	d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
fter death. If a Give Pages 1, and with form the state De Ithin 72 hours	6/180 New Hampshire Avenue 20/4 Cabin John Parkway YES No E
ofter death 3. Give Page blong with fi with the Stote within 72 ho	DECEASED
8. Give olong with the with the	(Type or print) Patricia H Pelleu DEATH 2 3 1966 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BRTH 9 AGE (In years FUNDER 14EAR FUNDER 24 MRS
0 m 0 3 3	last birthday) Months Days Hours Min
hours tem 11 Off ce and 2 event	TOD US, AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 111 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
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rhin 24 niner's (niner's (pages 1 in any	13 FATHERS NAME 14 MOTHERS MAIDEN NAME
with the period of the period	George R. Huntt Nina C. Krandell
70 =	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 2044 Cabin John Pkw (Yes, ng. ar unknown) (If yes give war ar dates af service)
executed anding" in Medical F t permit F emoval, a	No No unknown Robert G. Felloue Rockville, Md.
ote should be executed g the word "pending" is at to the Chief Medical is a burial-transit permit cremotion, or removal,	18 CAUSE OF DEATH (Enter only one cause per time for (a) (b) and (c)) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH
d be cd " Chire fran tran	IMMEDIATE (AUSE (a) Acute intoxication DUE TO
world word the Ch rral-fra	Conditions, if any, which gave (b) Inhalation of carbon dioxide (70%) Minutes
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ertificate sh writing the warded to sed os a bu uriol, cremo	lost (c)
s certificate should by writing the word forwarded to the Cl used os a burial-fro burial, cremotion,	PART II OTHER S.GNIFICANT COND T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
	F. D
	Pregnancy, Diabetes mellitus, and arteriosclerotic heart disease YES NO DESCRIBE HOW INJURY OCCURRED (finter nature of unity in Port log Port II of item 18) PRIMARY 25 or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH
NER: T certifica hould b les. should it, prior	
AL EXAMINER: This execute the certificate or. Page 4 should be fa far your fles. TOR: Page 3 should be gnoted agent, prior to	2Dc TME OF INJURY Month, Day, Year 20d INJURY OCCURRED - 2De PLACE OF INJURY (Hame, farm 2Df TC (Cy or town) Park (County) G. Co (State) 3:55 pm 2/3 1966 at work at While at work Physician's office Rackwillexxxidentsx Md.
* 4 5 × 2 +	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
MEDICAL EX please execution director. Paga retained far you DIRECTOR: Paga is designated:	deoth resulted from Notural couses , Actident , Suicide , Homicide Undetermined monner
MEDICAL please ex director. etoined f DIRECTO s designe	ACTUAL CHIEF MED.CAL EXAMINER 22. DATE SIGNED
UTY M ny, ple eral d be ret RAL D or its	SIGNATURE MD ASSISTANT MEDICA. EXAMINER
o DEPUTY MEDICAL Enecessory, please exect the funeral director. Possible may be retoined far of FUNERAL DIRECTOR: Health or its designate	EXAMINER'S NAME (Type) John Hehoe, M.D. Riverdale, Ed. Address (Street, city, town, or county) 2-4-66
TO DEPU necessor the function 5 may 10 FUNET Health (23a BURIAL CREMATION / 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
01 C = 20 T = 1	Crematory Suitland, Maryland
VR A15ME (5, 5)	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
6W 1/66	Robert A. Pumphrey Bethesda, Md. DER 1: 1866 Policy Judge



02	7		5
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CERTIFICATE OF DEATH

Pag Dist No (12736)

1	Charle				Keg Dist.	140. (***		
1	PLACE OF DEATH O COUNTY Prince Geo.	MARYLAND	2 USUAL RESIDENCE (W o. STAJE Mar ylan	here deceased fived. I	If institution, Residence	before admission)		
	b. CTY OR TOWN (If outside corporate limits, write RURAL and a ve negrest tawn)	c. LENGTH OF STAY IN 16	,		s, write RURAL and give	e nearest town)		
L	W. Hyattsville		W. Hyat	tsville				
	d NAME Of HOSPITAL (If not in hospital, give street or INSTITUTION 2718 - Kirkwood Pl.	address)	a. street address	Kirkwood	Place	o. IS RESIDENCE ON A FARM? YES NO.X.		
٦	NAME OF First	Middle	Last	4. DATE	Month	Day Year		
ν,	DECEASED (Type or print) Elizal		Perone	OF DEATH	Feb.	3 1966		
5	Female White WIDOW		8. DATE OF BIRTH 5/9/1896	9 AGE	Take I and the second s	YEAR IF UNDER 24 HRS		
10	b. JSUAL OCCUPATION (Give kind of work done 10b		STRY 11. BIRTHPLACE (Stote	ar foreign country)		N OF WHAT COUNTRY		
	during most of working life, even if retired) Housewife	ma ma	Marylar	_		J.S.A.		
13	FATHER'S NAME		14. MOTHER'S MAIDEN					
	Joseph Steele		Sarah Re	amond				
	, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (91, no., or unknown) (If yes, give wor or dates of service)		r. Herbert	Perone -	Address 10002 Lor	ain Ave.		
=			(Son)	Silv	er Sp., Mc	INTERVAL BETWEEN		
	18. CAUSE OF DEATH (Enter only one couse per)	me for (d), (b), and (c)]	1.	, , ,		ONSET AND DEATH		
	IMMEDIATE CAUSE (0) White state Caracter when and and							
	4530 DUE TO 1	Λ	0 1	. 0		. 12-		
	Canditions, if any, which (b) (a)	raw - vas	curan fa	lure		6 days		
	cause (a), stoting the under- lying cause ast	generative 2	myocarlial	(diabet	-c)	<i>V</i>		
ACITA	PART II OTHER SIGNIFICANT CONDITIONS Dealules wel	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDI	TION GIVEN IN PART 1	(a) 19 WAS AJTOPSY PERFORMED? YES NO 4		
CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Maur a. m. p. m. 19 at wa	t-	ACE OF INJURY (Hame, far ctary, street, affice bldg , et		(Cou	unty) (State)		
	21. I certify that I attended the decea	sed from ang.	, 19\$0, to 7	Eeb-3	19/alethat I last	saw the deceased		
	alive on Feb. 3	and that death		M from the co		date stated above		
		/	· occorred degelers	ADDRESS (Street, city		DATE SIGNED		
	SIGNATURE frankl. I	hen	MD 4100-7	-2nd LE	Wash	C 2/3/6		
	PHYSICIAN'S FRANK R.	PHEA				/ /		
2.	Burial 2/7/66	22c. NAME OF CEMETERY C	R CREMATORY In Cemetery	Commar	y, town, or county) Manor, M	(State)		
23	ELINEPAL DIPECTOR'S SIGNATURE.	ADDRESS TO O	7 - 1 - 1		24b REGISTRAR'S SIGN			
	Funeral Home Inc.		inier. MeALE	2	201 . 1.			
	T CONTOUR CASE TIONING TITES	AVO. M. L. Na	THIEF L'AMESTE	J man	1 Leavel Bug	-t		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how patter death. Page 4 may be retained to the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 1SM 9/58

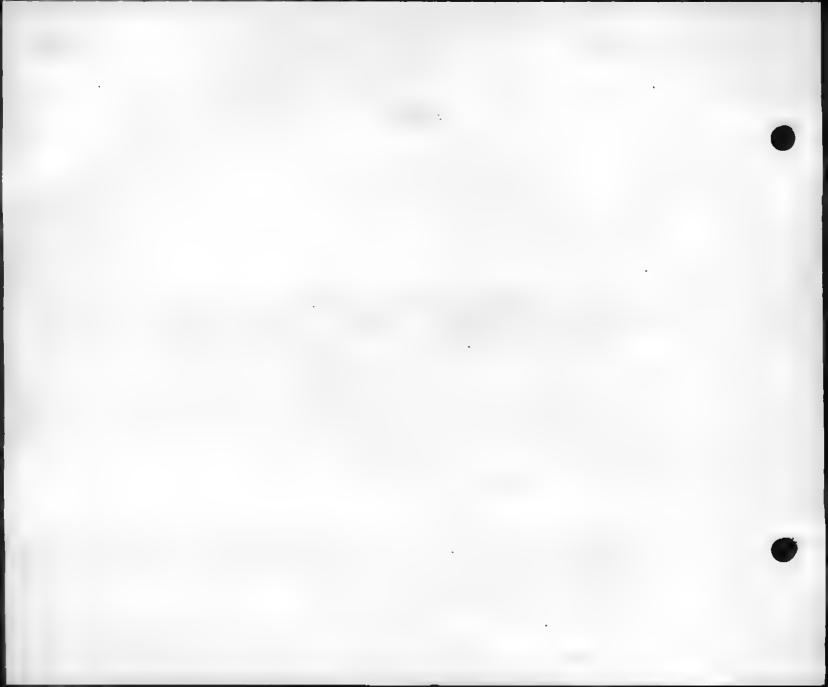


TO FUNERAL DIRECTOR: After this certificate has been signed by the after ding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please achove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The Ww requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

/		02766	CE	RTIFICATE	OF DEATH			12737
	1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE a. STATE	(Where deceased lived, I	f Institution: Resid	dence before admission)
		PRINCE GEORGE		MARYLAND	MARYLAI	VD	PRINCE G	EORGE'S
	11.	b. CITY OR TOWN (If outside corpo write RURAL and give nearest to	own)		11	utside corporate limits	, write KURAL and	d give nearest town)
	ļt,	d. NAME OF HOSPITAL OR INSTITUT	ION (If not in hospital, gi	ve street address)	TYATTS	VILLE		e. IS RESIDENCE
		PRINCES GEORGE	<i>f</i> .	./	6806 BALT	imoRE BL	VO.	ON A FARM?
	_	NAME OF		Middie	Last	4. DATE N	lonth	Day Year
		(Type or print) ORRA			TTYS	OF DEATH FE		1966
		SEX 6. COLOR OR RAC	E 7. MARRIED NEVE	at the Line	DATE OF BIRTH	last birthd		EAR IF UNDER 24 HRS.
		WALE WHITE	WIDDWED 🔀	Last ,	16.23,188	71	s.	
	dur	. USUAL OCCUPATION (Give kind of wo ing most of working life, even if reti	ired) INDUSTRY			nty & State, or foreign co	COUN	ZEN OF WHAT
	13.	HUSBANDRY FATHER'S NAME	POETRE		ユスム, 4. MOTHER'S MAIDE	N NAME	4.	S. A.
		LNK		1	UNK.	IC BORIE		
		. WAS DECEASED EVER IN U.S. ARMED		ECURITY NO. 17. IN	FORMANT	Ac	idress	T' R1
	116	NO (11 yes give war or gate	578-01	1-0299 MRS	. PEARL TEI	YNANT	HYATTS	TiMORE BLUG VILL. MP.
		18. CAUSE OF CEATH [Enter only		, (b), and (c).]		A	1.1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED I IMMEDIATE CAUS	BY: Mys	rord	al on	forelo	-on_	OHSET AND DEATH
		, ,	JE TO		-	0	0	
		Conditions, If any, which gave rise to immediate	(b) CON	arran	700	dus	Di-	
		cause (a), stating the Diunderlying cause last.	UE TO)	11		
	ON	PART II. OTHER SIGNIFICANT CONDIT	(c)	EATH BUT NOT RELATE	D TO THE TERMINAL DI	SEASECONDITIONGIVE	N IN PART 1(a)	19. WAS AUTDPSY
	CAT							PERFORMED?
	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING	205. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of I	njury in Part I or Part	II of Item 18.)	
		OR CONTRIBUTING TO CAUSE OF DE CITHER, NOTIFY MEDICAL EXAM	MINER)					
	MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m.		factory	OF INJURY (Home, fare street, office bldg., etc	m, 20f. (City or tow	n) (County	y) (State)
	MEE		19 While Not V	While Tactory,			7	
		21. I certify that (I) (this ho				@Q to 2-1	V .	that (I) (we) last
		saw the deceased alive on , 22a. SIGNATURE	/ - / - 1	966, and that d	eath occurred at	M, from the cau	ses and on the	date stated above.
		eddo lier	as of a	en M.D.		ED. STAFF		1-66
		22c. PHYSICIAN'S			22d. ADDRESS	medion La Pitrisi		
		NAME (Type) PR JD 9	LS SIERANDR	EA				
	23a	REMOVAL (Specify)		IAME OF CEMETERY O		23d. LOCATION (CI	y, town or count	y) (State)
1		BURINL FEB, 2	12, 1966 FT	LINCOLN	CEM.	BLAOK NS BUG D BY REGISTRAR 25b	REGISTRAR'S	MO.
1,		W CHAMBERS CO	550, c2			9 9 1966	lianles	Justat
6	IV	CO CAMPIDERS (0	A DEKL	PALE, MI	DATE	n w	, 00	1

VR A15 (4) 15M 4-64



TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be exempted within 24 hour refer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 shauld be defached for use as the bunal-transit permit. Then please remem advant pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours. ofter death. Page

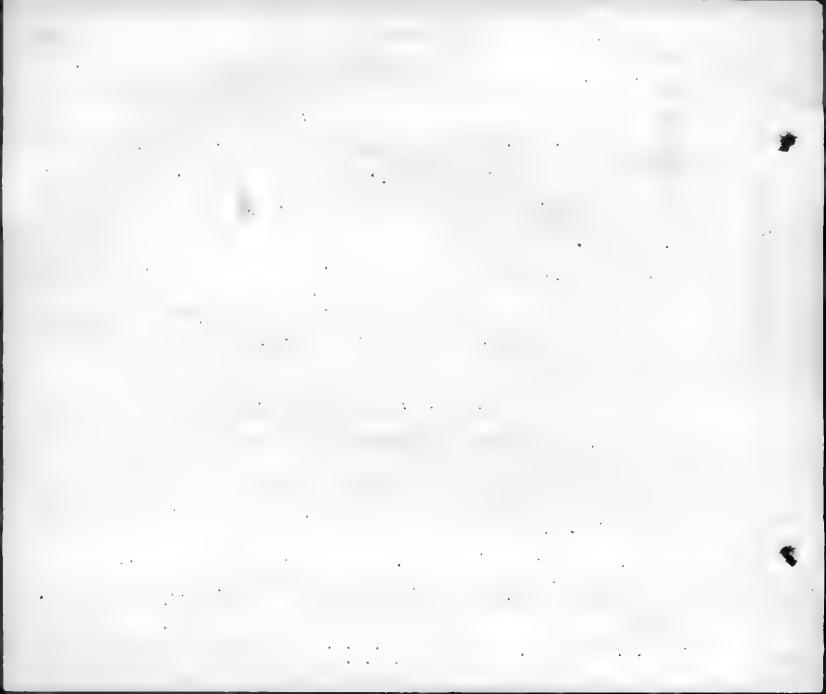
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22763

CERTI	ELC A	TE /	SE 	DEA	201.0
	FIC /A		3 E I	1 1 - 73	шн.

Reg. Dist. No. 12738

1 PLACE OF DEATH O. COUNTY DELICE SERVICE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	e before admission)
b. C TY OR TOWN (If autside carporate limits, white RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL III not in hospito!, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
5461 16th Ave. Apt. T2	54601-16 ave apt T	ON A FARM? YES NO
NAME OF (Elizabeth) irst occase of the first occase of the first occase of the first occase of the first occase of the first occasion of the first occasion	4. DATE / Month OF DEATH FOD. 7	Day Year
5 SEX- S. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthgdy) Months	YEAR IF UNDER 24 HRS Doys Haurs Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIR HPLACE (State or foreign country) 12. CITIS	LEN OF WHAT COUNTRY?
during mast af warking life, even if retired}	la.	1.91.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	in
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. (18s. no. op.uphnovpl) [(If yes, give wer or dirty of service)	INFORMANT Address	
My 12me G	that Clouts (Loughter)	
PART I. DEATH WAS CAUSED BY	to outrois the to	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	1 - Concur servisur	1
Canditions, if ony, which gave rise to immediate	٠	aveck
cause (a), stating the under- lying cause last.	antenin eles pres	
PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY PERFORMED?
1 200 ACCIDENT WAS PROPERTING IT 2016 DESCRIBE HOW INTERVOCCUERS	ED. (Enter nature Of n'ury in Part I ar Part II af item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ES. (Ester hordre of thirty hards) For your high hordress	
Haur a, m. While Not while fo	PLACE OF INJURY (Home, form, actory, street, affice bldg., etc.) (C	aunty) (State)
	10 4/5 m of the 16 (1 m)	
alive on 1 and that death	MA	st sow the deceosed date stoted obove.
ACTUAL SIGNATURE Mass Estaturaly 711 1	ADDRESS (Street, city ar town, state)	DATE SIGNED
PHYSICIAN'S Thomas EMMS +fin	igly M.D. Markington	1620018
220 BUR AL, CREMATION, 27b DATE THEREOF 22c NAME OF CEMETERY C LINGUISTO COME 2/11/66 Ingin Come	of CREMATORY 22d. IOCATION (C tyrotin, or county) etery Irwin, Fa.	(State)
23. FLNERAL DIRECTOR'S SIGNATURE Co. 2901-001-15th St. Washington.	N.W. 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE ()
	1000	(1) (1)

VS A15 (4) 15M 9/58



death. after hours Ξ filled within 9 etely bon executed certificate à attending physician. signed been Sie has the hospital After

Ξ removal, Ь cremation. まっ this certificate I detamhed for use to Dept. of Health for use Health DIRECTOR: age 3 should iled with the page FUNERAL director, p 0.0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Prince George MARYLAND Prince George b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) l hour Cheverly Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 6916 Vallery Street Prince George General Hospital YES NO 50 NAME OF Month Middle OATE Year DECEASEO Robert Puleo (Type or print) DEATH Feb. 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X last birthday) Months | Days Hours 1 White Male WIDOWED [DIVORCED Feb. 9, 1966 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? Prince George, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert J. Puleo Rhonda Fizwater 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) ((If yes give war or dates of service) Robert J. Puleo Same as #2 (father) 18. CAUSE OF OFATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While - Not While p.m. at work at work 19.65 to 21. I certify that (I) (this hospital) attended the deceased from Fig. saw the deceased alive on. and that death occurred at .M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) NAME OF ZEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. LOCATION (City, town or county) (State) Feb 11, Mt Olivet Cemetery 1966 Washington D REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. F. Gasch's Sons Hyattsville, Md.

VR A15 (4) 20M 1/65



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death, b. CITY OR TOWN (1 outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) þ Write RURAL and give nearest lown) HYATTSVILLE E -YRS. SUMNER Pages d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE papers, Pag n 72 hours ON A FARM? CARROLL MANOR- 4922 YES NO Y completely BROOKEWAY 3. NAME OF 4. DATE Month DECEASED OF (Type or print) CATHERINE S DEATH C. REEDY physician and comes remove carbon in any eventually 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) Months ! ENT A IMENE WIDOWED TO DIVORCED [VIS. 10a. USUA, OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
HOUSEWIFE IRELAND U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME c and THOMAS NOLAN MARGARET KENNEDY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (Ifyes give war or detectof service) WESLEY SAME as permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN þ ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) cremation, burial-transit **DUE TO** affending peen Conditions, if any, which' gave rise to immediate cause DUE TO burial, (a), stelling the underlying has ceuse lest. the ö Aft= this certificate TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT the hospital 8 9 PERFORMED? US 0 Prior YES | NO V 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part I or Port II of Item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this 3 should be detached for the State Dept, of Health é 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) be retained factory, street, office bldg., etc.) Hour a.m. While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from Alast 19点点 that (I) (wa) last1966, and that death occurred at saw the deceased dive on. A 4.05M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE page 3 s MED. SIGNED ന N O HOSPITAL death. Page 4 10 O FUNERAL 1 director, page 3 be filed with the PHYS. DIRECTOR M.D. PHYS. PHYSICIAN'S NAME (TIPE) 22d. ADDRESS 23a. BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) CEMETERY PHILADELPHIA 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 3821 ST. N. W. DATE ... 20M 5-63



Item #2 FCERTIFICATE OF DEATH 02770 director, filed with Piter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. 9TATE Filed . MARYLAND Orinon Commence Funeral c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 pe RURAL and give pegrest town), in by the fune and 2 shauld 1 d. NAME OF HOSPITAL (If not in haspital, give street address) 1177 177 requires that the death certificate be executed within 24 hay 3. NAME OF 4. DATE Middle Last carban papers. Pages 1 after death. DECEASED Sellie Richtarit (Type or print) 7 MARRIED NEVER MARRIED S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 2/7/00 T WIDOWED T DIVORCED | 10a US 13. FAT physician o please remave o 15 WA (Yes. no altending p 18. ngned by permit. TO HOSPITAL OR ATENDING PHYSICIAN: The law requires may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed page 3 should be detached for use as the burial-transit permit the registrar prior to burial, cremation, or remaval, and in an 9 co ly MEDICAL CERTIFICATION 20c OR (IF 20c 21 ali AC SIG PH' 220 BU RE 23 FUN VS A15 (4) 15M 9/58

e. IS RESIDENCE ON A FARM? YES NO

Year

19

b. COUNTY

9. AGE (In years

DEATH

Month

Months

	Dist.		2	7	4	1
э.	D14.9	No.				

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

Doys

UAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	1.0	11, BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
use in	flome	i'ein		
HER'S NAME		14 MOTHER'S MAIDEN	VAME	
, tin		i.an	1	
S DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes, gave war or dates of service)		PRMANT		Address
fit yes, give not be bottle of sortice			''	7
CAUSE OF DEATH Enter only one couse	per line for (a), (b), and (c), 1	1	7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Cente Angor	aideal 1	milan	ONSET AND BEATH
4200 DUE TO	Cotton lot.	· Mont	1 inomes	1500
onditions, if ony, which (b) (b)	Craw ser. lu	- Jewy C		10/1
ing cause lost. DUE TO		Ć		/
	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19 WAS AUTOPSY
				PERFORMED? YES NO 2
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Port or Port II of item 18)	
Hour a.m.		OF NJURY (Home, form y, street, office bldg., etc		(County) (State)
. I certify that I attended the de		10// +=	2-18- 106	2 Cabon I had a south of a south
1/17	111/2 11	, 19./ ., ta	. /	29that I last saw the deceased
ive an	and that death a	ccurred at 1		and an the date stated above.
TUAL TUAL TO THE TOTAL THE	nardo M.	5801-	ADDRESS (Street, puty or/fo	Sul. Whatil DC.
YSICIAN'S A C. LEONI	7800			,
RIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	Bris - TORY	22d. LOCAT ON (City, tow	vn, or county) (Stote)
MOVAL (Specify)	22c. NAME OF CEMETERS OF C		220. LOCAT ON (City, loc	(Store)
W. (1,)	C. C. C.	· . Lor	12.	// ·
IERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC		EGISTRAR'S SIGNATURE
AV K Hunteman	· Au	DATE	1.4 1998	Plear las Judge
			- V	<i>V</i>

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese, remove carbon papers. Pages 1 apd 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1974

_	The state of DEATH	
1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi	ion)
	Triuce George MARYLAND B. STATE Many land b. COUNTY Prince Geo	m
	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits write RIRAL and give nearest to	vn)
	write RURAL and give nearest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Je. IS RESIDEN	ICE
	ON A FARM	1?
~	he land Memorial Mosp 11 4905 Narou St VES NO	
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH FEB 28 196)	0
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8/ DATE OF BIRTH 9. AGE (ID years FUNDER 1 YEAR FUNDER 24 H	IRS.
1	Market WIDOWED DIVORCED 8-14-91 The WIDOWED DIVORCED 8-14-91 The WIDOWED DIVORCED NOT BUT WITH MINISTRAL M	in.
108	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11b. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
00	ring most of working life, even if retired) INDUSTRY Savietary Delaware COUNTRY?	
13.		
	John TiReihm Boromane Clendaniel	
	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address	
	No - Norpital Acord	
	18. CAUSE OF DEATH (Enter only one cause per line for (3):-(b), and (c). 1/	
	PART I. DEATH WAS CAUSED BY: Delateral flelwarry of enaction ONSET AND DEAT	Н
	Conditions is any which I	
	gave rise to immediate	_
	cause (a), stating the DIE TO Muy candled further form	
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPS	
CATI	PERFORMED YES NO I	
TIFI	20a. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part L or Part II of Item 18.)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State))
AE0	Hour a.m. While Not While factory, street, office bldg., etc.)	
ec.	21. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 that (I) (we) I	ast
	saw the deceased alive on The Lorenza and that death occurred at M, from the causes and on the date stated abo	
	22a. SIGNATURE / DC / L	~
	M.D. PHYS. DIRECTOR PHYS. D. 2/28/6-6	,
	22c. PHYSICIAN'S NAME (Type) US FT FN NF 22d. ADDRESS PLEAD AMANGED AND AMAGED AMAGED AND AMAGED AND AMAGED AND AMAGED AND AMAGED AND AMAGED AMAGED AMAGED AND AMAGED AMAGED AMAGED AMAGED AMAGED AMAGED AMAGE	_
	WILL LIENIE COUNTY AND	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
	Burial Parch 3, 1966 Ft Lincoln Cemetery Colmar Panor, Md.	
24	ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	
1	7. Harch Sons 4739 Bata Aug Hartheville Und DAMAR 4 1968 filiarles Judge	

VR AIS (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	15333			CERTIFICAT	E OF DEATH		The state of the s	2743
1.	PLACE OF DEATH	1				E (Where deceased I		Residence before admission)
		Prince	Georgesi	MARYLAND		yland	b. county Princ	ce Georges
	b. CITY OR TOW write RURAL	N (if outside cor and give neares	roorate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	limits, write RURA	AL and give nearest town)
	d. NAME OF HOS	Chever	TUTION (if not in he	8 days ospitai, give street address)	d. STREET ADDRESS	enbelt		e. 1s RESIDENCE
	Paince	e George	s General	Hospital	1 0	Blateau	Place	ON A FARM?
3.	NAME OF	- deorge	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Geo	rgiana	Re	vier	OF DEATH	Feb.	6 19 66
5.	SEX	6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		(in years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
F	emale	White	WIDOWED	DIVORGED	25 May 1891	last	Months 74 yrs.	Days Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of	work done 10b. Ki	IND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or fore	eign country) 12.	CITIZEN OF WHAT
3.00		us. Gov		PHONE OPERATO	R MINN.			SA
13.	FATHER'S NAM	_	. 00011		14. MOTHER'S MAID			
Jo	AN EDWA	TRO MIL	PRPHY		MARY F	-ox		
15 (Ye	. WAS DECEASED E	VER IN U.S. ARM (If yes give war or o	ED FORGES? 16, 1 dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	SARED
	NO		4	71-14-4522 MR	RODNEY R.	REVIER	SAME A:	00 77 0 0 10
				ne for (a), (b), and (c). 1			4	INTERVAL BETWEEN .
	PART 1. DE	ATH WAS CAUSE IMMEDIATE CA	D BY: AUSE (a) 1777	v/fiele	pulmond -	y cm	bolie	
	130	1	DUE TO		/	,		
	Conditions, If a		(b) Hy	extensive	Coronary	Arteries.	clerote	
	cause (a), st		DUE TO	,,	1			
2	underlying caus		(c)	Hear	t Pisea			
CERTIFICATION	PART II. OTHERS	IGNIFICANTOON	DITIONSCONTRIBU	TING TO DEATH BUTNOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION	IGIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
RTIF	20a. ACCIDENT	WAS UNDERLYIN	DEATH 20b, D	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Part 1 or	Part II of Item 1	8.)
	OR CONTRIBUTION (IF EITHER, NOT	IFY MEDICAL E	(AMINER)					
MEDICAL	20c. TIME OF I	NJURY Month,		fact	ACE OF INJURY (Home, fai ory, street, office bidg., et	rm, 20f. (City o	r town) (Cr	ounty) (State)
MED	P.1		19 at work	THUC WILLS TO				
	21. I certify	y that (I) (this	hospital) attende	ed the deceased from	-30-66,19			, that (I) (we) last
		eased alive or	1 2 + 157	1/19 and tha	t death occurred a	20 AM from the		the date stated above.
	22a. SIGNATUR	FURUA.	C. V/12	11 Mesal -			AFF -	DATE SIGNED
	22c. PHYSICIA		- 0/0	CUI CIVIE M.	22d. ADDRESS	DIRECTOR PH	IYS. L	
	NAME	illiam	C. Wei	ntraub	Prof. Bld	a Ctr.	Way 4	reen belt. Md.
23a	. BURIAL, CREM. REMOVAL (Spe	ATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	N (City, town or c	centy) (State)
	BURIAL	2-9	1- 1966	FT. LINCUL		Blader	rsbury	May
24	. FUNERAL DIRE	CTOR	0 /	ADDRESS	25a. REC	D BY REGISTRAR	1 5	R'S SIGNATURE
W	W Chamb	res 60. 1	runde.	le, Moryland	DATE	TU 1966	for the sa	ly Judas

VR AIS (4) (1) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

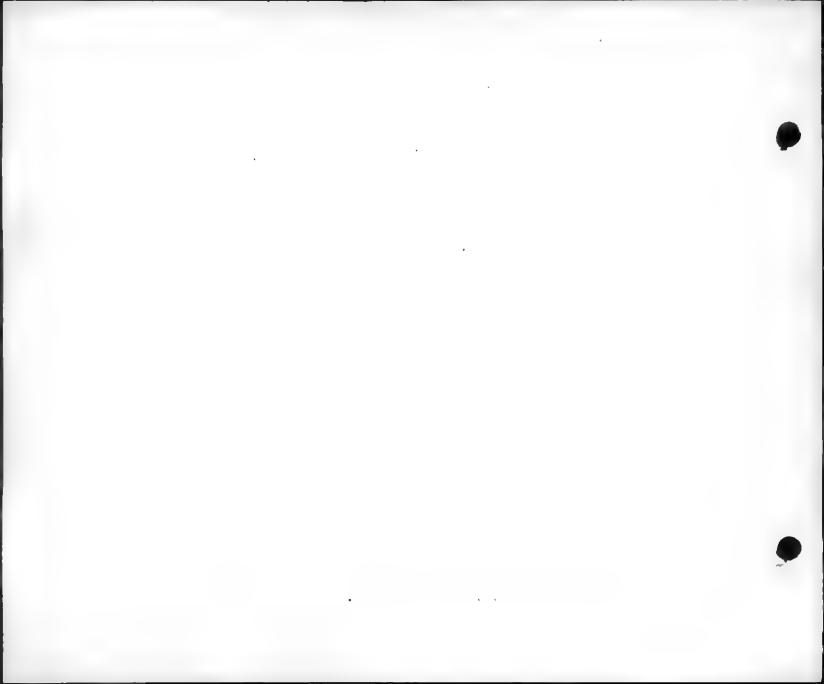
MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o COUNTY b. COUNTY delay is and 3 to Page Department of death. Prince George's Prince George's MARYLAND Maryland b CITY OR TOWN (If outside corparate mits, c CITY OR TOWN (If autside corporate imits, write RURAL and give nearest tawn) LENGTH OF STAY N 16 gud write RURAL and give negrest town) Hillcrest Heights Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? farm haurs Poges 28th. YES NO IC a Prince George General Hospital Parkway 3. NAME OF DATE Last Day DECEASED 8 Give within (Type or print) Incille Rhodes DEATH along, IF LINDER 24 HRS S SEX AGE (In years IF LINDER I YEAR 6 (OLOR OR RACE 7 Marries NEVER MARRIED 8 DATE OF BIRTH lost birthday) Manths Days Haurs 21-1907 1 and 2 1 event Female in pencil in Item 1. 10a _SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during mast of working life even if retired) INDUSTRY COUNTRY District of Columbia Q U X Honemaker Ch.ef Medical Examiner's Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \subseteq Elva Birch FILE Arthur Davis gnd IS WAS DECEASED EVER IN _ 5 ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes give war ar dates af service remayal, Mrs Shirley Kane Daughter None NO 18 CAUSE OF DEATH (Enter any and couse per line far (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) Heart failure Б the certificate, writing the ward 4 should be farwarded to the C cremation, DUE TO Conditions, if any, which gave Arteriosclerotic heart disease unknow rise ta immediate cause (a). DUE TO stating the underlying cause 0 used as burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLY NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(g) WAS AUTOPSY PERFORMED? CERTIFICATION NO 0 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part II of term 18) prior 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH agent, 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Stote) please execute the Hour om factory, street, office bldg , etc.) While Nat While FUNERAL DIRECTOR: Page at wark of work designated 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry x Inspection 🔀 and in my opinion death resulted framthe funeral director Natural causes Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe Ь DEPUTY MEDICAL EXAMINER DO **EXAMINER'S** may FUNE Health NAME (Type) John Address (Street city, tawn, or caunty) Riverdale, Ed. 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR AL CREMATION 23d LOCATION (City ar Tawn) (Stote) REMOVAL (Specify Arlington Arlington, urla em 25b REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 1966 Lee Funeral Home, 300 4th St.NE 6M 1/66

be executed within 24 hours after death

This certificate should

AL EXAMINER:

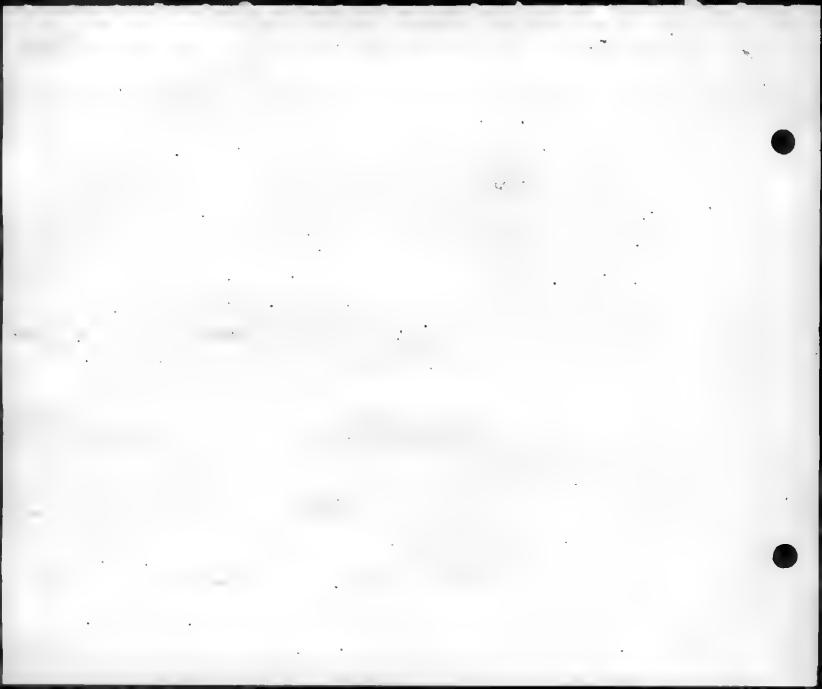
O DEPUTY ME



	MAKILAND STATE DEPARTMENT OF DEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	I. MARYLAN
9774	CERTIFICATE OF DEATH	-35)4
1 9 1 1 T	GENTIFICATE OF DEATH	1 C a

Ш		23646	
X	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
П		Prince George's County MARYLAND	4914 42nd Place Pr. George 1s
I		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı		Rivererdale, Id.	Hyattsville, Maryland
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	I d. STREFT ADDRESS 8. IS RESIDENCE
ı		Eugene Leland Memorial Hospital	WIOS Cheensbury Rd. YES NO NO
	3	NAME OF First Middle	Last 4. DATE Month Day Year
	٥.	DECEASED Jessie	DF
	5		RTCE PEATN February 3 1966 8. DATE OF BIRTH 19. AGE (In years IFUNDER 17EAR IFUNDER 24 HRS.
1			last birthday) Months Deys Hours Min.
ŀ	- rh	AND WALLOW	5/6/76 89 yrs.
4	dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C(TIZEN OF WHAT COUNTRY?
		lousewife own home	Michigan USA
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Ri	ce. Rollin L.	Howard Lartha
1	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
ı	(16	s, no, or unkown) (If yes give war or dates of service) Unknown	ospital record siverdale, al.
ı	- 1	18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]	A A I INTERVAL BETWEEN
Ì		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1		IMMEDIATE CAUSE (a)	The Vinter
1		DUE TO	of attol in allerasio alimen
1		gave rise to immediate (b)	a ce eccae
1		cause (a), stating the DUE TO	
1	2	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT BE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	틹	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT MILE MA	PERFORMED!
	8	galere	YES NO E
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	R	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Heur s.m. While Not While st work at work	pry, street, office bldg., etc.)
	2	21. I certify that (I) (this hospital) attended the deceased from	1966 to 7669 1966 that (1) (we) last
			at death occurred atM, from the causes and on the date stated above.
		22a. SIGNATURE	LOOP DITE STONES
		~ WIMANNA M	D. ATTENDING WIED. STAFF DIRECTOR PHYS. 123-1063
		22c. PHYSICIAN'S	22d. ADDRESS V
		NAME (Type) 1, W. M 2 1 1 17 M)	parame, ma
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	C	remation Feb 7, 1966 Ft Lincoln	Crematory Colmar Manor, Ad.
		. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		F. lasch's Sons hyattsville, Md	· The 7 1966 Wharley Judge

VR AI5 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DIMIT	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	runce Leo MARYLAND	a. STATE ML b. COUNTY Pr	- Geoff
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
	Clinton ma 21 hrs	Thestwood	$i_0 = 1$
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
×	to. Ind. Hospital Center	4	YES NO
3.	NAME OF DECEASED FIRST MIGGE	Last 4. DATE Month	Day Year
_	(Type or print) x all I / 1/2c	handa DEATH	26 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER:	Davs Hours Min.
	rem likile WIDOWED DIVORCED	4-21-60 65 yrs.	
102 dur	Z. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	CO	TIZEN OF WHAT UNTRY?
	Housewife Own Home	Maryland U	• S• A•
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
18	Charles Peed	Jennie Watsen	
	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	Come of T	tem #2
_		Alvin Richards	
	18. CAUSE OF DEATH [Enter only one cause persine for (a), (b), and (c).]	1.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sulmond	my thema	4 hins
	443X DUE TO CO		16
	Conditions, if any, which gave rise to immediate (b)	secular Callage	6 her
	cause (a), stating the DUE TO	1 of a second	4 yra
N	underlying cause last. (c) / / / / / / / / / / / / / / / / / / /	ATFD TO THE TERMINAL CISFASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ATIC	LO . 17 +	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)	PERFORMED?
IF10	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.	YES NO
. CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Enter natura of injury in Part 1 of Part 11 of Item 16.	
MEDICAL	l trans and factor	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bidg., etc.)	nty) (State)
MED	Hour a.m. While Not While p.m. 19 at work at work	or, or or or or or or or or or or or or or	
	21. I certify that (I) (this hospital) attended the deceased from	Only 1947 to Fet 26, 196	that (I) (we) last
	saw the deceased alive on Feb-257966, and that	death occurred at 7 3 M, from the causes and on the	e date stated above.
П	22a. SIGNATURE		ATÉ SIGNED
	CARRIN CAMI AM.	D. PHYS. DIRECTOR PHYS.	0/00
	NAME (Type) Alfred R. Lapin, M. D.	Se.Md. Hespital Center,	Clinton, Md
238	DESERVED COMMISSION OF THE PROPERTY OF THE PRO		nty) (State)
	REMOVAL (Specify) 3/1/66 Immariuel (Cemetery Hersehead	Md.
24	FUNERAL DIRECTOR INTEGRAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
	Wasservern Bogar Maria Francis Min	DATE AR 7 1966 Joliane	es Judge

VR A15 (4) 20M 1/65

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Igad2_with the State Department of Caty within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

O DEPUTY MEDICAL EXAMINER: This certificate should be executed writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

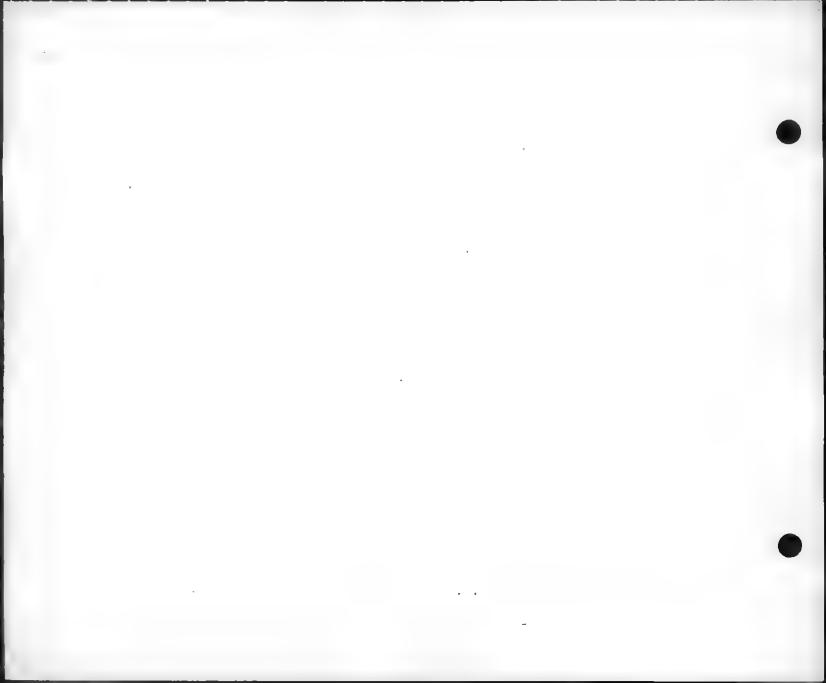
TO DEPUTY MEDICAL EXAMINER:

00000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BRAAA

36	4 50		IVIED	TOME EXMINIT	ILN 3	CENTITIONIE C	/ DLA	111		11/2	641)
1 PLACE OF						2 USUAL RESIDENCE (Where deced	sed lived, finst tut	ion Reside	nca before	e odmissio	on)
o. COUNT				AÁ Á DY	/LAND	• State Marylan	nd	P coni	ince	Gen	raals	3
b CIYO	Prince G R TOWN (If outsi	de composére um s	5	c LENGTH OF STAY I		c CITY OR TOWN (1 o.	itside torno	rota limits write P 15	ALL and au	re neores	fawat 1	
write	RURAL ond gi <u>v</u> e r	nearest town)	-1			,		,	the one go	. /	10 111)	
	cheverly			DOA		Distric	t nei	gnus				
				give street address)		d STREET ADDRESS				- '	ON A FA	DENCE ARM?
F	Prince G	corge†s	Hospit	al		2806 Br	renton	Drive				NO 🔀
3 NAME OF		F	rs†	Midd e	Rode	ers Lost	4 DATE	Mont	h	Do√	Yeo	ır
DECEASED (Type or		Cyr	il	Eugene		RXXXXX	OF DEATH	, Fe	eb.	1	19	66
S SEX	6 (0	OR OR RACE	_	NEVER MARRIED		DATE OF BIRTH		9 AGE (In years	FUNDER	1 YEAR	IF UNDER	24 HRS
male	V	<i>r</i> hite	WIDOWED	DIVORCE		June 18, 19	714	lost pirthdoy)	Months	Doys	Hours	Min
10o ISHAL 00	CCUPAT ON (Give I	and of work done		IND OF BUSINESS OR		11 BIRTHPLACE (Stote		,	12 0	TIZEN OF	WHAT	
dur ng most o	f work ng life, eve i TCCi	in fret red)		DUSTRY GOV t		Pennsylva				SUNTRY?	DOM:	
			U.	2. GOA.E		1 -			0.0	S.A.		
13. FATHER'S		D .			1	14 MOTHER'S MAIDEN						
	liam H.					Annette	Ecken	rod				
	EASED EVER IN U.S. nknown) [(If yes i			SOCIAL SECURITY NO.		VFORMANT		Addre				
(165 110, 01 0	ukuowii) (ii yasi	give wor or dures	ol service)		Ver	onica W. Ro	odgers	2306 B1	reton	Dri	ve	
IB. CAL	JSE OF DEATH (E	nter only one co	se per line for	(a), (b), and (c).)						INTE	RVAL SET	WEEN
PA	RT I DEATH WAS	CAUSED 8Y		Heart fail:	1220					ONS	nute:	EATH
	1	MMEDIATE CAUSE DUE	1.7	leart, talli	nie.					1	nucce	
Conditio	ns, if ony, which			_								
rise to i	mmediate cous	e (o).		typertension	ve ar	teriosclero	stic h	eart disc	ease_	OV	er_2	hes
	the underlying (touse										
lost		,	(c)									
Z PART II						HE TERMINAL D SEASE CO	NDITION GIV	EN IN PART 1(o)		19	WAS AUTO PERFORME	PSY FD?
ATI	Parkir	ison's D	isease	- over 15	year	S						NO X
≧ 20o. EX	TERNAL CAUSE WA		20b DE	SCRIBE HOW INJURY OF	CCURRED (Enter noture of injury in	Port I or Po	rt I of item 18)				
E CAUSE O	Y □ or CONTRIBU' F DEATH.	IING 🗀										
200. EX PRIMAR! CAUSE O	AE OF INJURY MC	onth Dov. Year	20d I	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, form	n 20f	(City or fown)	(Co	unty)	[1	Stote)
욁	Hour o m.	19	While		focto	ry, street, office bldg , etc.)	,	1	.,		,
01	p.m.		ot wor			1 1		. — .				
		_	/ 1			d an Autopsy [],			iiryXX.	_	in my	opinion
deof	th resulted fro	om: Natur	al causes [x Accident 🔲	/) Suici	de 🔲, 🛮 Hamicide	LJ, U	Indetermined m	anner 📙			
ACTUAL				IY U		CHIEF MEDICAL	EXAMINER					
SIGNAT		1100	10	1	71	M.D ASSISTANT MED	DICAL EXAMIN	NER 🗌			2. DATE	
EXAMIN NAME (kn Keho	e, M.D	•		DEPUTY MEDICA	AL EXAMINER	or tounty)			2-1-(66
23o SURIAL,	CREMATION,	236 DATE TH	EREOF	23c. NAME OF CEME				OCATION (City or Tov		(County)		tote)
Bur	AL (Specify)	2-4-6	6	Washing	ton N	ational	Su	itland	Ma	ryla	nd	
24 FUNERA	L DIRECTOR	<u> </u>		ADDRESS		2So. REC'I	D 8Y REGIST	RAR 2Sb RE	GISTRAR'S	IGNATUR	E	
Wilhe	lm Fune	cal Home	4308	Suitland	Rd Su Ma	itlander B	7 19	366 Jel	arlex	Jus	ege.	

VR A15ME (5) 6M 1/66

Health or its designated agent, priar ta burial, cremation, or removal, and in any 5 may be retained far your files.



TO HOSPITAL OR ATTEMBINE MINISTCIAN: The law requires that the death certificate be executed within 24 haurmiter death. Page 4 may be rebained the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certifical has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers Pages 1 and 2 shauld be filled with the State Baard of Health priat to burial, crematian, at remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

in' a	4	OZVV CERTIF	ICATE O	FDEATH		0.5	2747
	1 1	PLACE OF DEATH ? GLORA MARY!	il o STA		deceased fixed. If ansi b. COU		refore admission)
		b (ITY OR TOWN I guiside corporate limits write c, LENGTH OF STAY RDEAL and g vernearest party limits with c, LENGTH OF STAY	+	LEAN	callants	ite RURAL and give	neprest town)
. ,3		d NAME OF HOSPITAL (If not in hospital, give street oddress) WINSTITUTION HUGHES UITLE Muraway bom	2 6	1372	er len	leve	e. IS RESIDENCE ON A FARM? YES NOVE
1	1	NAME OF DECEASED (Type or print) Charles Wesley	Roll	1 ds 4	OF DEATH	Manth 2	Day Year 1966
-	51	Figle - 6 COLOPOR RACE 7. MARRIED NEVER MARRIED WOOWED DIVORCEL		1/18 /18	AGE (In ye		FAR OF UNDER 24 HRS ys Haurs Min.
	10a	during most af work ng life, even if retured)	R INDUSTRY 11. 9	RTHPLACE (Stone of	fareign country)	12 CIT ZEN	S.A.
	13	FATHER'S Naghe Rollins		velyn	WE	- 1	
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17 INFORMANI	Tel hun	ainy Hom	Address Hyul	liville Mill -
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Embol	loma a	7		NTERVAL BETWEEN DISET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause last.	ley oran	ali - K	reamf of	yran'	eboutage Plee 1965
	CATION	PART II OTHER SIGNIFICANT CONDUMONS CONTRIBUTING TO DEA	ATH BUT NOT RELA	TED TO THE TERMINA	LL DISEASE CONDITION	GIVEN IN PART 1(c	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200 ACC. DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OF OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter no	ature of injury in Poi	t I or Part II af item 18		
	MEDICAL	20c TIME OF .NJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work at work at work	20e. PLACE OF IN foctory, stree	URY (Home, form, ,	20£ (City or town)	(Cour	nty) (State)
		21 I certify that (1) (this hospitar) attended the decreased saw the decreased alive on	from 7	20/ 160 curred 62.55%	to 2/	4 /	that (1) (we) lost ate stated above
		Yaward / Morse		- 0 - 1	CTOR STAFF		2/28 DATE 2/25KGNED
1		22c PHYSICFAN'S NAME (Type) HOU' AND T MONSE	70	30 laryell	leve Takeone	a Park)hd
	230	BENCH A SPECIFY 2-10-1966 HILLERS	4	M.	ANNAP	wn, ar county)	MD.
Pin Pin	24	FUNERAL DIRECTOR'S S.GNATURE ADDRESS OHN M. TAYLOR. SON9 ANDAPOLI	8 MD	DATE-	BY REGISTRAR 296 I	REGISTRAR'S SAGNA	ATURE



	MARYLAND S	TATE DEP	ARTM	ENT OF	HEALTH			
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLA	ND
OOMMO	OFFI	PIPLOATE	OF	DEATH			21 D 14	4 .

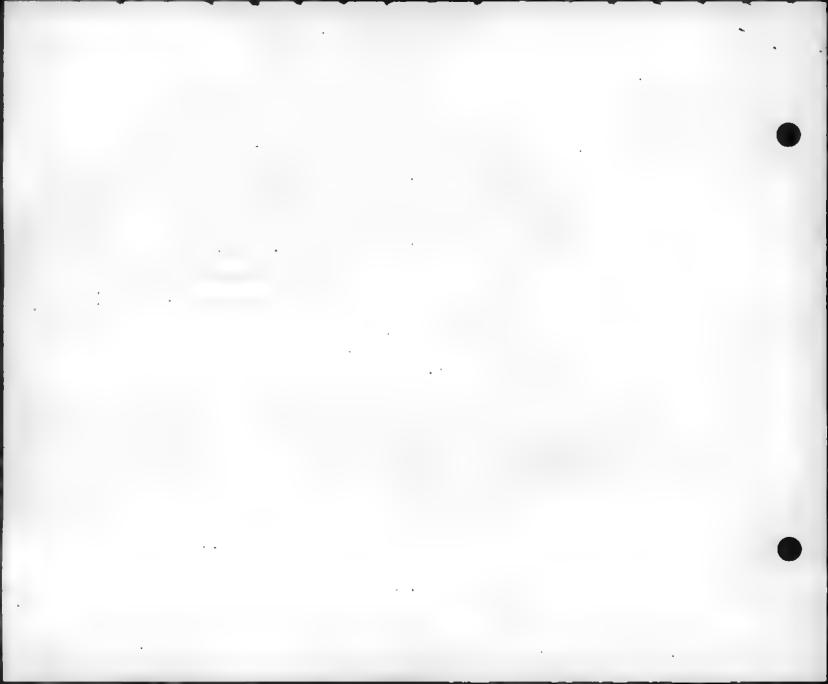
		3		GERIIFIGA	()C	UF DEAIR	1			11/4	.45	
1.	PLACE OF DEAT	Н			- 11	2. USUAL RESIDEN		e deceased lived, if in	istitution: R	esidence	before ad	nission)
		Prince George		MARYLANI		a. STATE D.		b. cou				V .
	b. CITY OR TOW	N (if outside corporate li	mits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside	corporate limits, w	rițe RURAL	and giv	e neares	t town)
		and give nearest town) le (rural)		10 days	- 1	Washing	ton			, ,		
		SPITAL OR INSTITUTION (I	f not in ho	ospitai, give street addre	ss)	d. STREET ADDRESS				6	. IS RESI	DENCE BRM?
_	Glenn Da	le Hospital				3140 Wi	scons	in Ave.,	N. W.	Y		NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DA		th	Day	Yea	
	(Type or print)	Elizabe		W.		Roper		ATH 2		18	19	56
5,	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	,	DATE OF BIRTH		9. ACE (In years				
	Female	1 TO THE	/IDOWED	DIVORCED	Í	8/4/1883		last birthday) 82 yrs.	Months	Days	Hours	Min.
10a dur	. USUAL OCCUPATING most of work	ION (Cive kind of work done in the line)		NO OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (C	ounty & S	tate, or foreign countr	y) 12. C	ITIZEN I DUNTRY	OF WHAT	
_	Housewi		1	e0 e0		Clifton,			U.:	S.A.		
13.	FATHER'S NAM					14. MOTHER'S MAIL						
		Holland Stowe				Ida Humph	ıreys	3				
15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16.	SOCIAL SECURITY NO. 1	17. 1	NFOR MANT		Addre	355			
	No	(If yes give war or dates of serv	ur	iknown	D	ecedent						
	18. CAUSE OF	DEATH (Enter only one ca	use per li	ne for (a), (b), and (c).]						INTE	RVAL BET	WEEN
	PART 1. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Pulmo	nary edema						ONS	days	EATH
	420	1			-	1.3						_
	Cenditions, If	any which i	cone	estive heart	I	allure						
	gave rise to	Immediate (
	cause (a), s' underlying caus	n Inat	Ante	riosclerotic	h	oomt diagog				3.225		
8		SICNIFICANT CONDITIONS						CONDITION CIVEN IN	PART 1(a)		WAS AU	
ATI	Pulmona	ry tuberculos	13	A 11 A	LLPII	ED 10 ITTE I EXMINALI	/13EndE1	SOUDILIO (1 OLIVEILII	s a thirt when		PERFORM	MED?
121	200 ACCIDENT	WAS UNDERLYING	- de-	DESCRIBE HOW INJURY O	alloo	DED (Futou o ofices of	E la lumi d	Dank t as Bask tt	aš lásos 10		s 😿 📗	40
CERTIFICATION	OR CONTRIBUT	INC CAUSE OF DEATH TIFY MEDICAL EXAMINER)	200.	ESPRIBE HOW INJURY O	GGUK	KED. (Enter natura d	r injury i	H Part 1 DI Part 11	ni irem to	•}		
CAL		NJURY Month, Day, Year	20d. IN	VJURY OCCURRED 20e.	PLAC.	E OF INJURY (Home, fa	rm, 20	f. (City or town)	(Cot	inty)	(S	tate)
MEDICAL	Hour a.r		While at work	- Not walle -	ictorj	, street, office bldg., e	(0.)					
	21. I certif	y that ₩Xthis hospital				2/8/	966,	to 2/18/ , from the causes	, 196	6_, th	at XIX (w	e) last
Н		ceased alive on	2/18	3/19_66_, and t	that	death occurred at	PM	, from the causes	and on t	he date	stated	above.
	22a. SICNATUI	RE Mure We		_	M.D.	ATTEMPTME	MED. DIRECTO	CTAFE	226. 0	8/66	NED	
	22c. PHYSICIA NAME (T)	(no)	. 1/	D		22d. ADDRESS	Glenr	Dale Hos	pital			
		Moe Weis	s, M				A.M	Dale, Md				
23a	BURIAL, CREW PENOVAL (Sp. BURIAL)	ecify)	EOF 6	COLUMBIA		ARDENS		ARLING			IR6-1	NIA
24	FUNERAL DIRE		Mas	ADDRESS WAS	h,	D. C. 1 253-84		EGISTRAR 25b. F	ECISTRAR	SSIGN	ATURE	-
-	HYSONG	FUNERAL	Hom	E-4300 N S	A to	DATE	41	1000	TUA	1		



TO INTERTIAL OR ATTENDING PRYNCIAN: The lam requires that the leath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physioten and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearn. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	UZ369 T. #1 Fan CER	RTIFICATE O	F DEATH		32749
1.	PLACE OF DEATH a. COUNTY	- 11		nere deceased lived, If institution	n: Residence before admission)
	inince teenneis	MARYLAND	2.425	181. C 1931 - v w	J
	,write RURAL and give nearest town)	il		le corporate limits, write RU	RAL and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		TREET ADORESS	n II	l e. IS RESIDENCE
	ii-no l-nomen internal	. 1		Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ON A FARM? YES NO Z
Э.	NAME OF First MI	ddle	Last 14.	DATE Month	Day Year
	DECEASED (Type or print)		> //-	OF DEATH Ferm	19 1946
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DAT	E OF BIRTH		DER 1 YEAR FUNDER 24 HRS.
1		IVORCED		yrs.	
dur	LUSUAL OCCUPATION (Give kind of work done lob. KIND OF BUSI ing most of working life, even if retired) INDUSTRY	NESS OR 11.	BIRTHPLACE (County &	State, or fereign country) 12	COUNTRY?
13.	Book keeper Count	ry Club	St. Loui	S. No	USA
	CECEL ROTMAN		Sarah Schn		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECL			Aggles Lou	us. Mo
(Y)	s, no, or unknown) (If yes give war or dates of service)	Berger	Memorial (Chapel 4715 McF	
_	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	,		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCOL	al Huen	with him y	: '6	Oliott Alib Death
	DUE TO	11	,		
	gave rise to immediate	- Hypert	CHSION		
	cause (a), stating the DUE TO underlying cause last.				
NOI.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
ICAT					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED.	(Enter nature of Injur)	y In Part 1 or Part II of Item	18.)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU	footom otro	INJURY (Home, farm, let, office bldg., etc.)	20f. (City or town)	County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ile —	er, onice bidg., erc.)		
	21. I certify that (i) (this hospital) attended the dece				
	saw the deceased alive on				n the date stated above.
	Eden + Jense	M.D. PHY	TENDING MED.	PI CTAFF	Ech 20,1766
	22c. PHYSIGIAN'S	1 22	d. ADDRESS	TOR L. FIITS. L. I	C1 20/1/11
_	NAME (Type) Edwin J. Jensen, M.				spital, Cheverly
238	REMOVAL (Specify)	NE OF CEMETERY OR CR	1	d. LOCATION (City, town or	
B 24	THURSDAY DEFECTIVE L. 2/20/66 Chevy	ig Kadisha C	emetery Un	iversity City	MASOUTE IAR'S SIGNATURE
. میمر	The the second of a - the	the me		3 15.78	a dudas

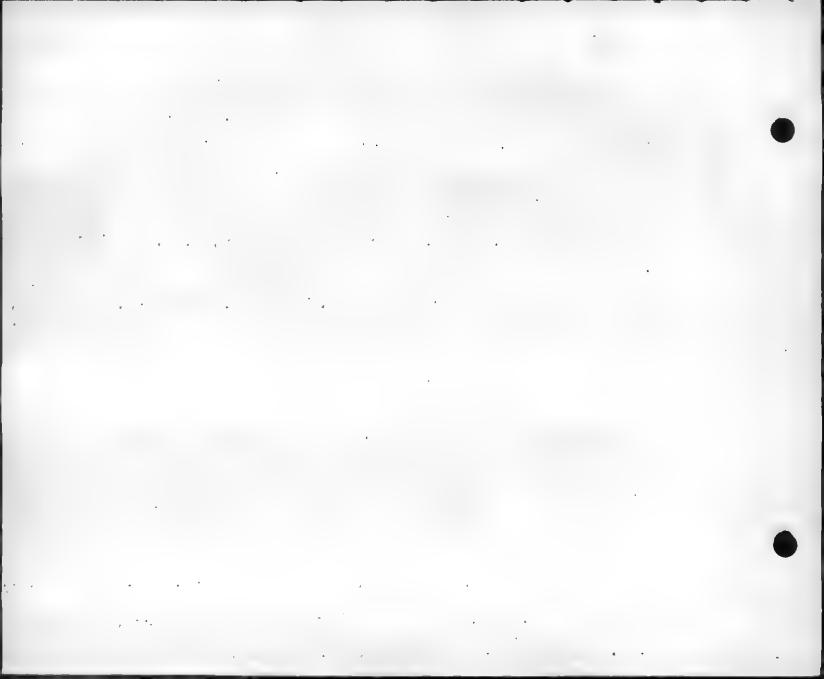
VR A15 (4) 20M 1/65



VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		02780 CERTIFICAT	E OF DEATH	02750
1	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
1		b. CITY OR 10WN (If ourside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b Leby. 8-66-2/	Maryland Princ c. CITY OR TOWN (if outside corporate limits, write RURAL	and give heares Rown)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address;	d. STREET ADDRESS	e. IS RESIDENCE
1	1	nagnolia gardens musing low		ON A FARM?
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
1	5	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	S. DATE OF BIRTH 9. AGE (M years FUNDER	1966 1 YEAR HE LINDER 24 HRS
	1	male white widowed Divorced	10-13-82 last birthday) Months	Days Hours Min.
	10a dur	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
		Delivery Man Ret. Dept. Store		ISA
		Unknown	Unknown	
١	(Ye	es, no, or unkown) (If yes give war or dates of service)		-B Ridge
	_		rs. Frances S. Haker, Rd. (Freenbelt,
		18. CAUSE OF DEATH (Enter only one cause per line-tor (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1.	ONSET AND DEATH
		/ · /	700	20/ 1
		Conditions, If any, which) DUE TO Metastat	ic Caremonia	5 m
		gave rise to immediate cause (a), stating the underlying cause last. DUE TO GLACUTE CC CC CC CC CC CC CC CC CC	cinomi d colon	?
	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While fact p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
		21. / centify that (I) (this hospital) attended the deceased from	OCT , 1965, to 2-17 , 196	hat (I) (we) last
		say the deceased alive on 19.45, and the	at death occurred at 1 2. 3. M, from the causes and on the	he date stated above. ATE SIGNED
		WIN LIND IN MINT	D. ATTENDING DIRECTOR PHYS. 2	17-66
	_	NAME (Type) WILLIAM C. WEINTRAUB, M	D Greenbelt Prof. Bldg. Gre	7
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
)		Burial Feb. 19, 1966 Fort Linco	25a. REC'D BY REGISTRAR 7 25D. TRESISTRAR	S SIGNATURE PO
-	_	W. W. CHAMBERS CO. RIVERDALE	MD DAFEEB 23 1966 Juliane	00



1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY the Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by emove carbon papers. Pag any event, within 72 hours. OULS Rogers Heights River A/C 19 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 550h Emerson Ave STRFF NAME DE Middle DATE Month DECEASED DF DEATH Schrock (Type or print) LLOVd mxecuted 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS MARRIED' last birthday) Months | Days 10-18-98 Male White WIDOWED 6667 yrs. DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pllysician 1 .⊑ 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Φ COUNTRY? ease and Penn. Retired construction Supt. U.S.A. The lam requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then removal ■tt∎∎ding p Elias Benjamin Schrock Sara Jane Lohr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 16. SDCIAL SECURITY ND. 17. INFORMANT Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] THE MBOSIS PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the h∎spital or attending physician. AR TERIOSCLERUSIS DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of (tem 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJUNY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work 3 p.m. at work retained 21. I certify that (I) (this hospital) attended the deceased from... 19 6 6 , that (I) (we) last saw the deceased alive on and that death occurred at .M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. be ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. may **IDENTIFAL** 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Page 4 J. Houmann, M. D Queensbury Road, Riverdale. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

VR A15 (4)

Surial

FUNERAL DIRECTOR

20M 1/65

REC'D BY REGISTRAR

Church

Cemeter

25b. REGISTRAR'S SIGNATURE

6. IS RESIDENCE

19(

Hours

Marulana

Rogers

INTERVAL BETWEEN ONSET AND DEATH

IN KNOW !

WXS

WAS AUTOPSY

NO D

(State)

(State)

PERFORMED?

YES

YES

Day

ON A FARM?

NO X



TO HOSPITAL OR ATTENDING PHYMICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after data. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	62783	CERTIFICATE	OF DEATH	1	112	2753
1.	PLACE DE DEATH a. COUNTY					idence before admission)
	Prince George's	MARYLAND	a. STATE Mary	land	b. COUNTY Prince	George's
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b			nits, write RURAL a	nd give nearest town)
_	Chevenly	6 hrs. 50 mi	n. Se	abrook		// - /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
_	Prince George's Gene	ral Hospital	6502	100th Aver	nue	YES NO 3
3.	NAME OF First DECLASED	Middle	Last	4. DATE	Month	Day Year
e	(Type or print) Brian	Charles	Seidell		Feb.	20 19 66
Э.		X	. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS.
300	Male Cauc. WIDOWED	DIVORCED		0,1966	yrs.	6 50
dur	USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	NDUSTRY	II. BIKTHPLACE (C	ounty & State, or foreign		IZEN OF WHAT INTRY?
13	none ===		Prince Geo	rge's Co.	Maryland	U.S.A.
Au.	TATHER S HAME					
15	Richard J. Seidell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. :	SOCIAL SECURITY NO. 17.	Joyce	C. Hanley	Address	
(Ye	s, no, or unkown) (If yes give war or dates of service)				Addi 633	
	12 CAUSE OF DEATH (Enter only one source one li		chard J. Se	eidell Sam	<u>e as #2 (f</u>	ather
	 CAUSE OF DEATH [Enter only one cause per lij PART I. DEATH WAS CAUSED BY: 		1-			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Junatur	and the second			
	Conditions, If any, which \					
	gave rise to immediate		•			
	cause (a), stating the DOE TO underlying cause last.					
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUTNOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION G	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES NO
ZT.	20a. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of	f injury in Part I or P	art II of Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
CAL		VJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	arm, 2Df. (City or t	own) (Count	ty) (State)
MEDICAL	Hour a.m. While p.m. 19 at work	Not While at work), attest, vinco plug., s			
	21. I certify that (I) (this hospital) attende	ed the deceased from		9 66, to 2-20	, 19	, that (I) (we) last
	saw the deceased alive on	19, and that	death occurred at	M, from the o	auses and on the	date stated above.
	22a. SIGNATURE	00	ATTENDING	MED. STAF	the bitter	E OIGITE
	Washer	M.D.	PHYS.	DIRECTOR PHYS	2/21/66	
	22c. PHYSICIAN'S NAME (Type)	- N D	22d. ADDRESS	3 D3		M 1
	Manuel Porres BURIAL, CREMATION, 23b. DATE THEREOF	M. D.		lover Rd.	City, town or coun	
\mathbf{B}	uFIACYAL (Specify) 2/23/66	Arlington N		Arlin		Va.
	. FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR 2	~	SIGNATURE
F	rancis Gasch's Sons Hya	ttsville, Md.	DATE	B 28 1956	go rante	Ourtell.
7	TOTAL CONTACT PROTECT TO A		UAUE L.	N N O 1930	-	A. A =

VR #15 (4) 20M 1/65

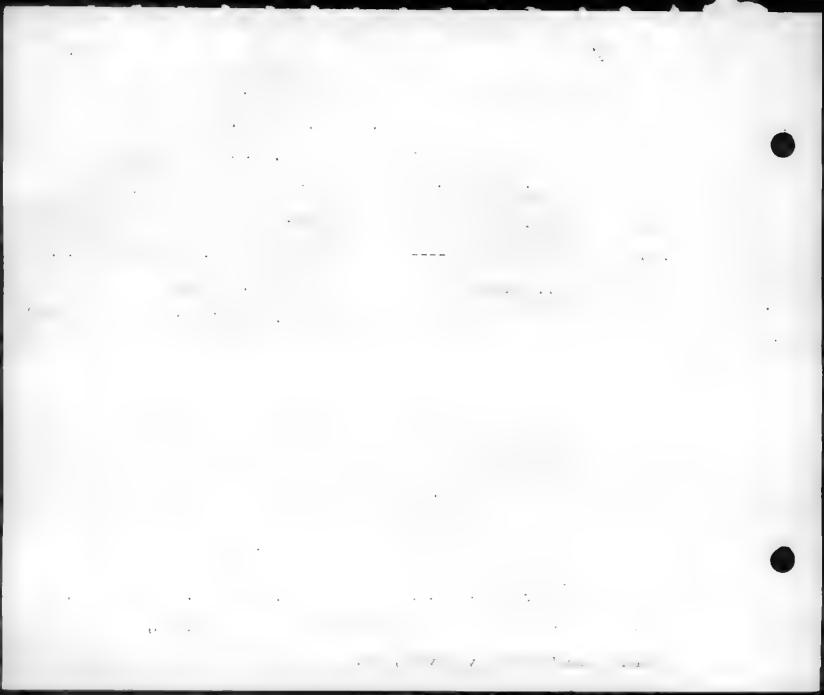


TO HOLFITAL OR ATTENDING PNYIMIAN: The law requirms that the death certificate lie executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. uneral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please replace abou papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the content of the con MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O2784
CERTIFICATE OF DEATH

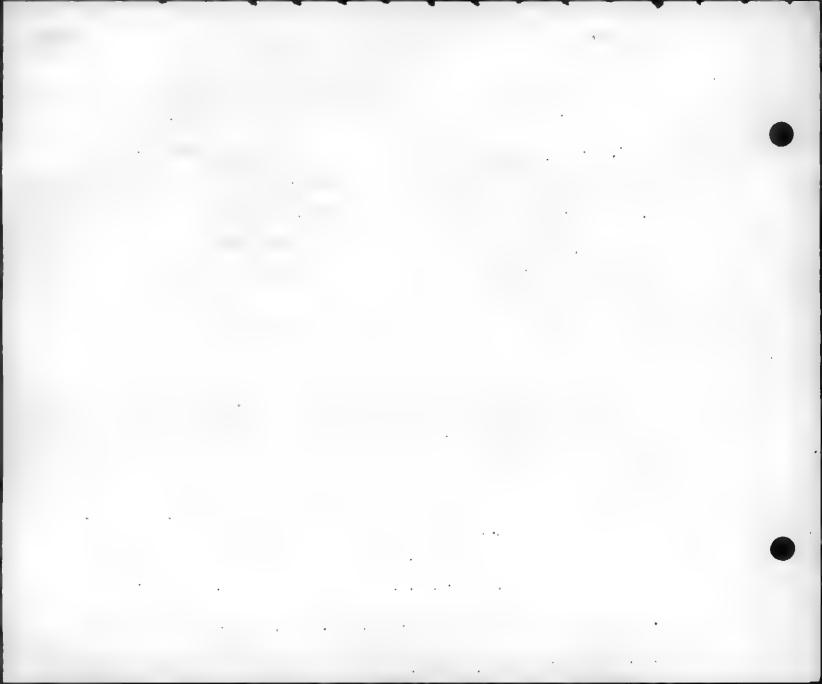
11600			OLIVIIII	/A ! !	- 01	DEAL	**			6004
1. PLACE OF DEAT a, COUNTY	Н			1						esidence before admission)
Prin	ce George	s	MARYLA	ND	a. :	Mary 1	land	b. <u>F</u>	rince G	George's
b. CITY OR TO	VN (if outside corpora and give nearest tov		c. LENGTH OF STAY I		c. CITY	OR TOWN (If outside c			and give nearest town)
	and give nearest too	Vn)	6 hrs.	50	min.		brook			<i>*</i> * *
		ON (if not In h	ospital, give street add			ET ADDRES				e. IS RESIDENCE
					-	e E O O	***	100th	A-107110	ON A FARM?
3. NAME DE	George's	rst			<u> </u>					YES NOT
DECEASED			Middle			ast	4. DAT		onth	Day Year
(Type or print) 5. SEX	Riam 6. COLOR OR RACE		Michael	_ 1 0		idell OF BIRTH	DEA	_	eb.	20 19 66 YEAR JIFUNDER 24 HRS.
J. JER	C. GOLOR OR RAGE			د ¦ °				AGE (in yea last birthda		
Male	Cauc.	WIDOWED	L		2-20			yrs		6 50
during most of worl	TION (Give kind of work ling life, even if retire	done 10b, K	IND OF BUSINESS OR NDUSTRY		11. BI	RTHPLACE ((County & Sta	te, or foreign cour	itry) 12. Cl	TIZEN OF WHAT UNTRY?
none				Pr	ince	Georg	ge's Co	, Mary	land	U.S.A.
13. FATHER'S NAM	AE .			- 1	14. M	THER'S MA	IDEN NAME		-	
Rich	ard I. Se	idell			J	ovce	C. H	anley		
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMA	INT			iress	
No	(at lea fine wer of pares)		none	Ri	char	d .T. 5	Seidell	Same	as #2	(father)
	DEATH (Enter only on		ine for (a), (b), and (c).						- 1	INTERVAL BETWEEN
	EATH WAS CAUSED BY	1 (Jumste	24	1					ONSET AND DEATH
	IMMEDIATE CAUSE	1	y commence	200	dy.					· · · · · · · · · · · · · · · · · · ·
Conditions, If	any, which \			6						
gave rise to	Immediate	(b)								
cause (a), s underlying cau										
	/	(c)	JTING TO DEATH BUT NO	TRELAT	ED TO TA	E TERMINAI	DISEASECO	NOTIONGIVEN	IN PART 1/a)	119. WAS AUTOPSY
ATI			- TO BEATTION	, mean	LD 10 II		L D I O L O C	MOTITION GIVEN	11117/11 4(4)	PERFORMED?
PART H. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	(20b.	DESCRIBE HOW INJURY	OCCU	open /c	tor nature	of falury In	Dort I av Dart I	I of Item 183	YES NO
OR CONTRIBUT	ING CAUSE OF DEA	TH	DESCRIBE HOW INJURY	OCCUI	KINED. (CI	itel marmia	of fullary in	raiti vi raiti	F OF ILCHI 10.	
BOO THE OF		1	Military continues (con	- D4 4 6		2101241				
20c. TIME OF Hour a.	INJURY Month, Day,	While		factor	y, street,	URY (Home, office bldg.,	farm, 201. etc.)	(City or town)	(Cour	nty) (State)
E p.	m. 19	at worl								
21. I certi	fy that (i) (this_hos	pital) attend	ed the deceased from	m	2-20		1966., t	2-20	186	, that (I) (we) last
saw the de	ceased alive on-	2 20	19and							e date stated above.
22a. SIGNATU	RE /	2-20	5				~ ~ ~ ~ ~ ~		22b. DA	TE SIGNED
		LLER		M.D.	PHYS.	IDING -	MED. DIRECTOR	STAFF PHYS.] 2/21	./66
22c. PHYSICI, NAME (T	444.00				22d.	ADDRESS				
	Manuel Manuel	Porres	, M.D.		63	15 Lan	dover	Rd. La	ndover,	Md.
23a. BURIAL, CREM	MATION, 23b. DATE	HEREOF	23c. NAME OF CEM	ETERY	OR CREM	IATORY	23d.	LOCATION (City,	town or cou	nty) (State)
Burial	2/23/6	56	Arlington	Na	tiona	a1	.A:	rlington	•	Va.
24. FUNERAL DIR	ECTOR		ADDRESS			25a. R	EC'D BY REC		REGISTRAR'S	-
Francis C	asch's Son	s Hva	ttsville, Me	d.		DATE	B 28	1966 2	Charle	Judge
	Z d		, , , , , , , , , , , , , , , , , , , ,			LONIE				0-0
	7 /									

VR A15 (4) 20M 1/65



		3278	5	CAL RESI	CERTIFICA			,	12755
1	1.	PLACE OF DEATH	Н				NCE (Where deceased		: Residence before admission
TANK TE	-	b. CITY OR TOW	Prince Geo	rges.			Maryland	Pri	nceGeorges AL and give nearest town
in by Pag	_		and give nearest too Cheverly	vn)	1 hr			n.	11 . 1
Filled apers		- •		DN (if not in l	hospital, give street addre		11114	C m	e. IS RESIDENC ON A FARM?
bon p	3.	NAME OF			Hospital Middle	ll /81 Last	4. DATE	Month	Day Year
e car	5.	(Type or print)			Boy	Seifert 8. DATE OF BIRTH	DEATH	Feb.	15 19 66 ER 1 YEAR IF UNDER 24 HR
and c			White	WIDOWED	DIVORCED		66	угз.	1 1
20. 三	dur	USUAL OCCUPAT ng most of work	FION (Give kind of work ing life, even if retire	done 10b	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
	13.					14. MOTHER'S MI	AIDEN NAME		
ttending nit. Th or rem	15. (Ye	WASDECEASED	EVER IN U.S. ARMED FI	DRCES? 16	. SDCIAL SECURITY NO.		Lee Baggo	Address	
y the a	_				line for (a), (b), and (c).]	4 1 /			INTERVAL BETWEEN ONSET AND DEATH
sician. gned b al-tran ial, cre		100	, IMMEDIATE CAUSE	(a) 151	fateral	Adelect	C1 31 5		
ig phy en sig e buri to buri		gave rise to	Immediate ((b) A	rencephi	uliz			
tendir as be as th prior t	N.	underlying caus	se last.	(c)	NITING TO BE THE OUTLINE	ELATED TO THE TERMINA	DIOPERE ACCIDITION	ALUFA IN SACT 1	(a) (19. WAS AUTOPSY
or at cate it use r use ealth	CATIO	FART (I. UTINERS	SIGNIFICANT CONDITT	ONZGURIKIE	DELANC TO DESCENDE BO I NOT I	ELACED TO THE TERMINA	IL DISEASE GONDITION	NGIVEN IN PART 1	PERFORMED?
certifiched fo	CERT	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE DF DEA TIFY MEDICAL EXAM	TH NER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury in Part I o	r Part II of Item	18.)
	MEDICAL	Hour a.r	n.	White	Not While fa			or town) (6	County) (State)
R. Aff		21. I certif	fy that (I) (this hos	pital) atten	ded the deceased from.				
RECTO 3 sh with				reb./1	5 19/66, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22b.	DATE SIGNED
	1 1		- 1 1 h	14.	/ Samo	M.D. PHYS.	MED. ST	HYS. 2/	15/66
AL DIR page filed		22c. PHYSICIA	IN'S SAMELY	1//		22d. ADDRESS			
ge 4 may UNERAL D sctor, pag uld be file		NAME (T)	ype) Edward		nor, M.D.	4400 Sta	mp Rd. Mar		
Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a	NAME (T) BURIAL, CREM REMOVAL (Spi	Edward MATIDN, 23b. DATE	THEREOF		4400 Sta	23d. LOCATIO	ON (City, town or	county) (State)
Page 4 may TO FUNERAL I director, pay Should be fil		NAME (T)	AATION, 23b. DATE ecify) 2/21			4400 Sta		ON (City, town or	county) (State)
	by the hospital or attending physician. If it is certificate has been signed by the atter be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cramation, or	I by the hospital or attending physician. If the hospital or attending physician. If the please remove carbon papers. Pages is detached for use as the burial-transit permit. The please remove carbon papers. Pages is detached for use as the burial-transit permit. The please remove carbon papers. Pages is state Dept. of Health prior to burial, cremation, or removal, at in any event, within 72 hours after medical certification.	The hospital or attending physician. We detached for use as the burial-transit permit. The detached for use as the buria	1. PLACE OF DEATH a. CDUNTY D. CITY OR TOWN IT OUTSING CONTROLL Write RURAL and give nearest for write RURAL and give nearest for write RURAL and give nearest for write RURAL and give nearest for Cheverly d. NAME OF HOSPITAL OR INSTITUTION The detaphed of the property of the propert	1. PLACE DF DEATH a. CDUNTY Drince Coordes write RURAL and give nearest town) Cheverly d. NAME DF HOSPITAL OR INSTITUTION (if not in Cheverly d. NAME DF HOSPITAL OR INSTITUTIO	1. PLACE OF DEATH a. CDUNTY D. CITY OR TOWN IT OUTS OF COLORS. D. CITY OR TOWN IT OUTS OF COLORS. D. CITY OR TOWN IT OUTS OF COLORS. WITH RURAL and give nearest town) Cheverly 1 hr Cheverly 1 hr d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street addreed to the colors of	1. PLACE OF DEATH a. COUNTY 1. PLACE DE DEATH b. CITY OR TOWN in Indivision countribution of in hospital, give street address) 1. STREET ADORES 781 781 781 781 781 781 781 781 781 78	I. PLACE DE DEATH a. COUNTY Prince Coorders MARYLAND b. CITY OR TOWN IT ONLY IN ONLY	1. PLACE DF DEATH 3. COUNTY 1. PLACE DF DEATH 3. COUNTY 1. PLACE DF DEATH 3. COUNTY 1. PLACE DF DEATH 3. COUNTY 1. PLACE DF DEATH 3. COUNTY 1. PLACE DF DEATH 3. COUNTY 1. CITY OR TOWN (If outside corporate limits, write RUB Washington. 1. CLENGTH DF STAY IN 10 1. CLITY OR TOWN (If outside corporate limits, write RUB Washington. 1. CLENGTH DF STAY IN 10 1. CLITY OR TOWN (If outside corporate limits, write RUB Washington. 1. STREET ADDRESS A STREET ADDRESS Prince Georges General Hospital, give street address) Prince Georges General Hospital, give street address) Prince Georges General Hospital, give street address) Prince Georges General Hospital 3. AMME OF HOSPITAL OR INSTITUTION (If not in lospital, give street address) Prince Georges General Hospital 3. AMME OF HOSPITAL OR INSTITUTION (If not in lospital, give street address) Prince Georges General Hospital 4. DATE OF BIRTH 5. SEX 6. COLDR OR RACE NARRIED NEVER MARRIED S. DATE OF BIRTH 9. ACE (In years If UND 104. SUSUAL DECUPATION (Give kind drovit done) 105. SEX Male White WIDOWED DIVORCED 5. Feb., 1966 105. BOTH OF BIRTH 106. SUSUAL DECUPATION (Give kind drovit done) 106. KIND OF BUSINESS OR 107. BIRTHPLACE (County & State, or foreign ceuntry) 11. BIRTHPLACE (County & State, or foreign ceuntry) 12. WAS DECEASED EVER IN U.S. ARREED FORGIS: 13. FATHER'S NAME LOTEN JOHN Seifert 15. WAS DECEASED EVER IN U.S. ARREED FORGIS: 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II 18. CAUSE OF DEATH 18. CAUSE OF

MARYLAND STATE DEPARTMENT OF HEALTH



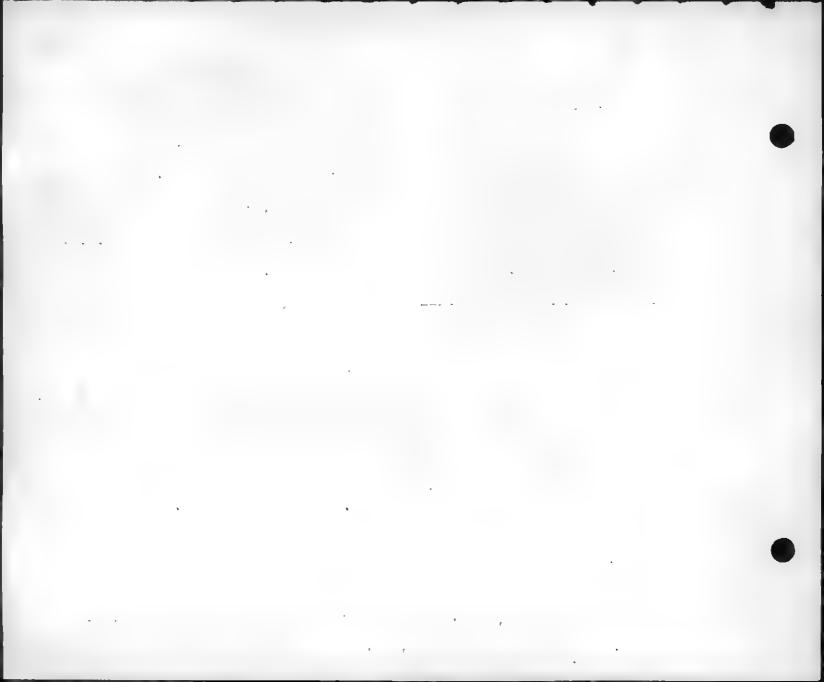
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Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12786			CERTIF	FICATI	E OF DEAT	H		and a	12751)
1.	PLACE OF DEATH	Н			1	2. USUAL RESIDEN	ICE (Where de	ceased lived, If inst	titution: Resid	ence before adv	mission)
	a. COUNTY Prin	ce George		***		a. STATE	Maryla	nd b. coun	TY Prin	ce Ger	OUTO
_		N (if outside corporate	e timets	c. LENGTH OF ST	RYLAND	c. CITY OR TOWN (I					
	write RURAL	and give nearest town		V. 12.710111 01 01		Cheve		portion village viv		16 -	
_	d. NAME OF HOS	SPITAL OR INSTITUTION	d (if not in hos	spital, give stree	t address)	d. STREET ADDRESS	3			e. IS RESI	
						6020	Inwood	St.		YES 1	NO NO
3.	NAME OF DECEASED	Fire		Middle	~	Last	4. DATE	Month		Day Year	
	(Type or print)	Sarah		lebb	Ser	-	DEATH		18	19 6	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARR	IEO 🔲 8	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNGER 1 Y		
	emale	White	WIDOWED			July 19,	1888	// yrs.		ys Hours	Min.
dur	ing most of work	ION (Give kind of work d ing lite, even if retired Wile) INI	DUSTRY HOME	UK	11. BIRTHPLACE (, or toreign country,	COUN		
			UWI	n home		Kentu			U.S	.A.	
13.	. FATHER'S NAM					14. MOTHER'S MAI					
	Rey	nolds Webb				Mary L.	Kotzel	bue			
15	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY.	NO. 17.	INFORMANT		Addres	S		
414	unkowity		SET VICE /			Paul R. Se	erey	(Same as	# 2)		
-	18. CAUSE OF	DEATH (Enter only one	cause per lin	e for (a), (b), and					1	NTERVAL BET	
	PART I, OE	EATH WAS CAUSED BY:	. Bar	wichan	20101	rm owi	A			ONSET ANO O フェーカル	
	171V	IMMEDIATE CAUSE (700107	D 10 (C)	C.y.	/ .			1-11-11	
	Conditions, If	any, which \ (LCINON	nAT	0515				1 year	2.5
	gave rise to	Immediate (
	cause (a), si underlying caus	tating the		TL CINO	MA	OF BRE	AST	_		エリュリ	25
S S	PART II. OTHERS	SIGNIFICANT CONDITION		ING TO DEATH BU	TNOTRELA	TEO TO THE TERMINAL	DISEASE CON	IOITION GIVEN IN	PART 1(a)	19. WAS AUT	TOPSY
CAT										PERFORM YES	NO TI
TE	20a. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	of Injury in P	art I or Part II of	f Item 18.)		
CERTIFICATION	OR CONTRIBUTI	ING (CAUSE OF OEAT TIFY MEDICAL EXAMIN	H ER)								
EDICAL		INJURY Month, Day, Y		JURY OCCURRED		CE OF INJURY (Home, ry, street, office bldg.,		(City or town)	(County) (SI	tate)
MED	Hour a.r		While at work	Not While -]	.) , ост сост отпостова	,,,	4			
		y that (I) (this hospi		d the deceased	from_/	much.	19.4.5, to.			that (I) (w	
		ceased alive on	-18	19 🕒 🤉	Pand that	death occurred at	8 22 M, fr	om the causes			above.
	22a. SIGNATUI	7	- /G	forear		ATTENDING -	THEO.	STAFF	22b. OATE	SIGNED	0
	22c. PHYSICIA	1-77141			M.D	PHYS.	DIRECTOR	PHYS.	1	0	
	NAME (T)		ANT). (o'm	en u	and the second of the second o	PLRY	5T MT	MAIN	IENM	19 .
_ 23a	BURIAL, CREM	ATION, 23b. OATE T	HEREOF	23c. NAME OF	CEMETERY	OR OREMATORY	23d. LC	OCATION (City, to	wn or county	y) (Sta	ate)
,	REMOVAL (Spi Burial	Feb 21	. 1966	Mt Oli	vet (Cemetery	Wa	shington	D. C.		
	. FUNERAL DIRE		1000	AOORESS		25a. R	FC'D BY REGI	STRAR 25b. RE	EGISTRAR'S S	SIGNATURE	
	F. Gasch	's Sons	Hvatts	ville. N	ld.		B 22 1	1956 10	Carlen	Judge	

VR #15 (4) 20M 1/65



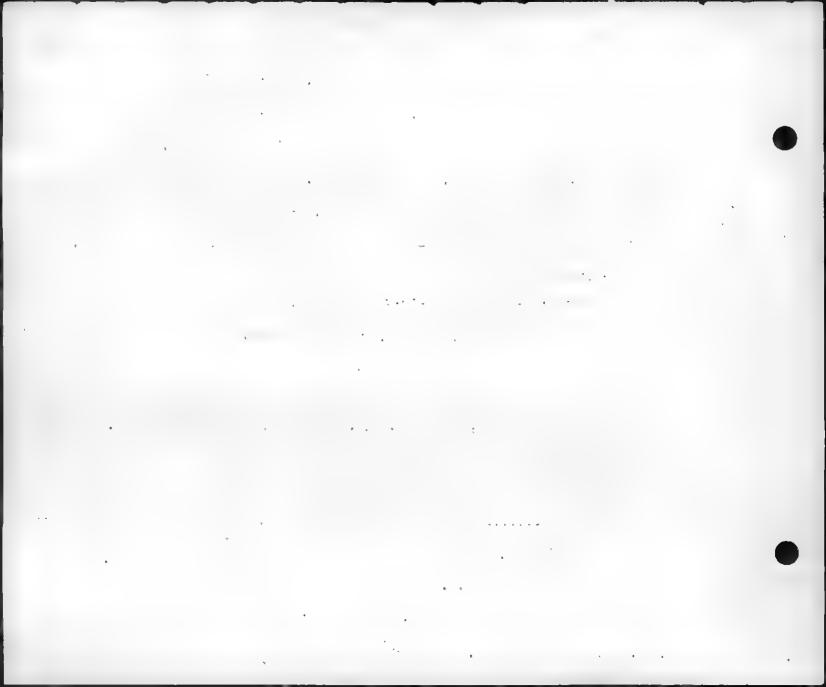
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please verhove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTI	CAL RES				, 301 W. PRESTO		ET, BALTIMO	DRE 1, N	JARYL	AND	
_	0278				CERTIF	ICATE	OF DEATH				1) %	275	7
1.	PLACE OF DEAT	Н					2. USUAL RESIDENCE				esidence	before a	ámission)
		nce George	g		MAR	RYLAND	District	of Co	lumbia	MIT			1
	b. CITY OR TOW	N (If outside corpora	te limits.	c. L	ENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If	outside c	orporate limits, w	rite RURAL	and giv	e neare	st town)
T	100	20 7	-	6	mo. 1	lay	Washingto	n					
-43	d. NAME OF HO	enn Dale) SPITAL OR INSTITUTE	ON (if not In	hospita	al, give street	address)	d. STREET ADDRESS				0	IS RES	SIDENCE FARM?
		e Hospital					151 11 th S	Street	, S.E.		Y	ES 🗌	NO X
3.	NAME OF DECEASED	F	irst		Middle		Last	4. DATI	E Mon	th	Day	Ye	ar
	(Type or print)	George		W.	Shana	brook,	Sr.	OF DEAT	тн Feb	2	6	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D 🔀 I	NEVER MARRI	ED 8	. DATE OF BIRTH	1	9. AGE (in years last birthday)	IF UNDER Months	1 YEAR		
N	ale	White	WIDOWE	0	DIVORC	ED T	eb. 22,1909	5	61 yrs.	Moutus	Days	Hours	Min.
10:	INCOME THE TOTAL OCCUPATION OF MOST OF WORK	ION (Give kind of worlding life, even if retire	done 10b.	KIND O	F BUSINESS (11. BIRTHPLACE (CO		te, or foreign countr		ITIZEN (OF WHAT	
	Meat Cut	ter	,		_		Hanover, 1	Penna.			S.A.		
13	. FATHER'S NAM	IÉ					14. MOTHER'S MAID	EN NAME					
	Lorenzo	Shanabrook					Josephine	?					
15 (Y)	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16		AL SECURITY!	NO. 17.	INFORMANT		Addre	285			
3	res	Army 1920-	27 2	25–1	.0-0997		Person						
	18. CAUSE OF	DEATH [Enter only or	no cause per	line fo	r (a), (b), and	(c).]					INTE	RVAL BE	TWEEN
	PART I. DE	EATH WAS CAUSED BY	(a) Mai	ked	pulmor	nary i	nsufficiend	У			UNS	ET AND	DEATH
		DUE									dia	gnos	tic
	Conditions, If			mon	ary fil	rosis	and emphys	ema			onset 1958_		958
	gave rise to cause (a), s		TO			-	~ ~						
	underlying caus	raring the	(c)										
NOI			ONSCONTRI				FED TO THE TERMINAL D				19.	WAS AU	
ICAT	pulmona:	ry tubercul	losis,	nse	t Nov.1	.964;	generalized	arte	rioscler	osis.	YES	SX	NO
CERTIFICATION	20a, ACCIDENT	ING CAUSE OF DEATHER MEDICAL EXAMI	20b.	DESCR	IBE HOW INJ	URY OCCU	RRED. (Enter nature of	injury in	Part I or Part II	of item 18	.)		
CE	(IF EITHER, NO	TIFY MEDICAL EXAM	NER)										
CAL		INJURY Month, Day,	Year 20d.	INJURY	OCCURRED	20e. PLAC	E OF INJURY (Home, fa		(City or town)	(Cot	inty)	(State)
MEDICAL	Hour a.r		While lat wo	e rk	ot While at work	190101	y, street, office bldg., e	(6.)					
_		y that (I) (this hos		ded th	e deceased	from I	lugust 25 1	165 to	Feb 26	196	6 th	at (1) (s	we) last
		ceased alive on	Teb	26	19 66	and that	death occurred at	1:45	from the causes	and on t	he date	stated	above.
	22a. SIGNATUI		1100							22b. D	ATE SIG	NED	
		Muse 1	Van	-		M.D.	ATTENDING	MED. DIRECTOR	STAFF PHYS.	Feb.	26,1	966	
	22c. PHYSICIA NAME (T)	lony					22d. ADDRESS			40	7	267	
		Moe We	iss, M	.D.			Glenn Dal	e Hos	pital, Gl	enn D	ale,	MC	·
232	REMOVAL (Spe		THEREOF	1		CEMETERY	OR CREMATORY	23d. I	LOCATION (City, 1	town or co	inty)	(\$1	tate)
	BURIAL	MAR.	1,1966	CI	EIDAR	HIL	L CEM.	Su	TLAND			mi)
24	. FUNERAL DIRE	CYOR			ADDRESS			C'D BY REG	SISTRAR 25b. F	EGISTRAR'			
U	U.W. CHI	MBLRS CO	Ri	VER	PALE	MD	date R	2 1	355 100	isylex	1 Ju	del	

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203

02788 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince George's Prince George's c C.TY OR TOWN (If outside corporate in its, write RURAL and give nearest tawn) b CTY OR TOWN (If outside corparate limits E LENGTH OF STAY IN 16 and write RURAL and give negrest town) after Cheverly Fort Washington d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 18. Give Roges 1, 2 olong with farm hours ofe Prince George General Hospital 12919 Old Fort Road 3 NAME OF e St 72 DECEASED d2 with the (Type or print) Olson \ Showalter DEATH 24 hours ofter S SEX 9 AGE (In years 6 COLOR OR RACE 7 MARR, FD NEVER MARRIED 8 DATE OF BIRTH last birthdov) WIDOWED DIVORCED 5-16-1923 Office (White 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY poges I word "pending" in pencil in the Chief Medical Examiners Electrician Electrical Va.

14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within puo Gladys P. Hamilton Showalter 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO removal (Yes, na, or unknown) (If yes give wor or dates of service) 231-16-5422 Nanita Showalter, Accokeek, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (6) Acute pulmonary edema certificate should cremation, DUF TO Congestive heart failure burial Conditions, if any, which gave (b) Hymertengive heart disease rise to immediate cause (a), DUE TO stating the underlying cause burial, o PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g EXTERNAL CAUSE WAS its designoted agent, prior 20b DESCRIBE HOW NIJRY OCCURRED (Enter nature of injury in Part L or Port II of item 18.) PRIMARY XX or CONTRIBUTING CAUSE OF DEATH 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at wark at wark 2) I certify that I taak charge of the remains described above, held an Autopsy [x], Inspection 🔯 the funeral director. Natural causes 🔀 Accident . Suicide . death resulted fram: moy be retoined CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (X) **EXAMINER'S** Riverdale, Md. Kehoe, M.D. NAME (Type) Address (Street, city, town, ar county)

23b DATE THEREOF

The Huntt Funeral Home, Waldorf, Nd.

23c. NAME OF CEMETERY OR CREMATORY

Christ Church Cem.

ONSET AND DEATH 19 WAS AUTOPS PERFORMED? NO (City or town) (County) (State) Inquiry , and in my apinian Hamicide Undetermined manner 22. DATE SIGNED 23d LOCATION (City or Town) Accokeek. Md. 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Milanles Judge

e IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR

12 C.T ZEN OF WHAT

U. S. A.

COUNTRY?

YES NO T

IF UNDER 24 HRS

VR A15ME/IST 6M 1/66 9

23a BUR AL, CREMAT ON,

24. FUNERAL DIRECTOR

REMOVAL (Specify) Burial

First 383- 11/30/16 TIK

TO MUSTITUL OR ITTEMBING MHYSTILM: The Two requires that the death certificate terms within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atlining provine and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, Il Institution: Besidence before admission) a. STATE SOUTH CAROLINA COUNTY CAMDEN				
	PRINCE GEORGE'S	MARYLAND	KAR	YXXXX	PRINKEXCHORGÍAS	
Ш	 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	,	outside corporate limits, wr	ite RURAL and give nearest town)	
1	NDREWS AIR FORCE BASE	2 MONTHS	CAMDEN		4 /	
. ,	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospitai, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	IS AIR FORCE HOSPITAL	_	1305 Cure	ton St	YES NO X	
3	NAME OF First DECEASED	Middle	Last	4. DATE Monti		
-	(Type or print) DOUGLAS		AGGS	DEATH PEB	22 19 66	
	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.	
	IALE CAUCASIAN WIDOWED		24 FEB 42	23 yrs.		
10 dt	Da. USUAL OCCUPATION (Give kind of work done 10b. i Iring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		unty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
_		AIR FORCE	GARDENA, C.		U.S.	
1	3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
	ELDON JOHN SKAGGS		SYLVIA	VANOVER		
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 /es, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addres	SS	
	YES 11960-1966 20	nkneun WI	IFE SAME	AS # 2		
	18. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and (c).]		11	INTERVAL BETWEEN ONSET AND DEATH	
1	PART I. DEATH WAS CAUSED BY:	reontro-	& lalila	Hornonde		
	DUE TO	-2-	July 4	1700	1/2	
	Conditions, if any, which	ull te	unem	La .	Sanoulle	
	gave rise to immediate cause (a), stating the DUE TO	~				
	underlying cause last. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?	
. 2					YES NO	
	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II o	f Item 18.)	
					101-1-3	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While	fauto.	CE OF INJURY (Kome, fai ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)	
ME	p.m. 19 at wor	rk at work				
	21. I certify that (A) (this hospital) attend	acqueric deception from		66, to 22 FEB	, 19 <u>66</u> , that (I) (Well last	
	saw the deceased alive on	196 (a, and that	t death occurred at	A.M. from the causes	and on the date stated above.	
	220. SIGNATURE		ATTENDING N	MED. STAFF	22b. DATE SIGNED	
	22c. PHYSICIAN'S	2D	D. PHYS. D	IRECTOR PHYS.	10 dt eltela	
	SISSIF (Trues)	ON, MAJ, USAF, MC		ANDREWS AIR F	ORCE BASE. MD	
1		23c. NAME OF CEMETERY		23d. LOCATION (City, to		
1	REMOVAL (Specify) 2-2-6-66	10	CREMIATOR		1 +1 6	
ž	4. FUNERAL DIRECTOR	ADDRESS CO	25a. REC	'D BY REGISTRAR 25b. RI	EGISTRAR'S SIGNATURE	
	w. w. Chamberlo. de.	5/2-11 der /8/	1. E DATE B	28 1703	write for gh	
	varkour a · m		V NI DAJEL U	40 10001 11	4 0	

VR AI5 (4) 20M 1/65



FOR STATEM

nin the State Department of

y delay is

necessary, please execute the certificate, writing the ward "penang" in penal in Item 18. Give Pages 1, 2, and 3 to the fulleral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if

Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trans.t permit File pages 1 and 2

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

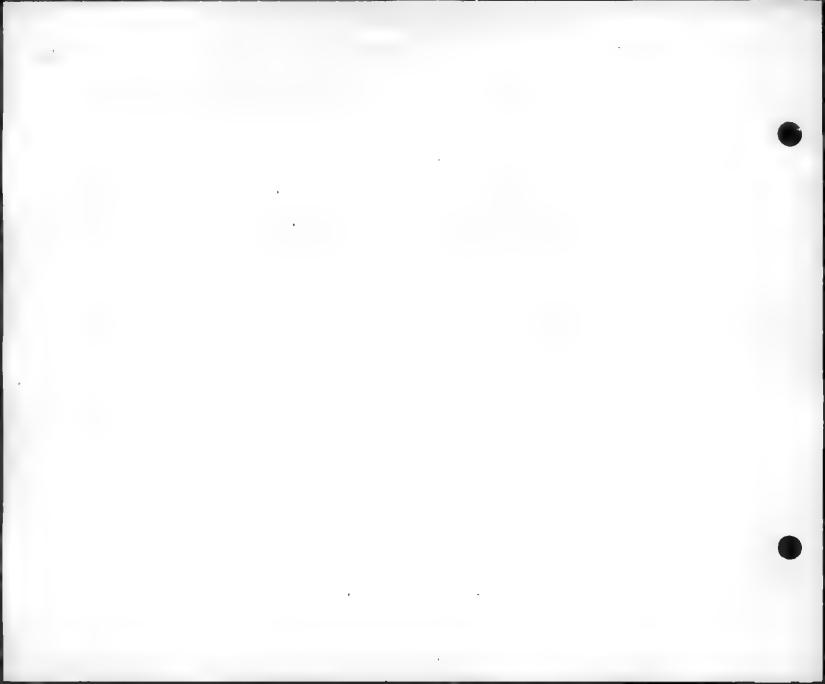
MARYLAND STATE DEPARTMENT OF HEALTH

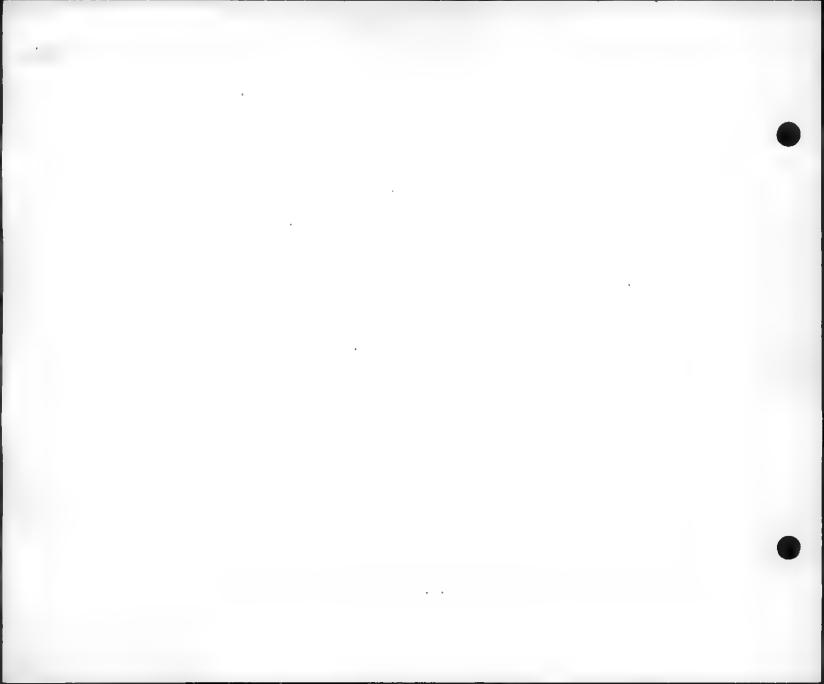
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- 6	ļ	Fr.	1	b	()

	13 (4 / 4 - 7 / 4				W () ()
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived,	f institution. Residen	re before odmission)
	Prince George's	MARY, AND	OSIAIE Haryland	Pri ce C	corse is
_	b CITY OR TOWN (if outside corporate mits,	C LENGTH OF STAY IN 16	C CTY OR TOWN (1 outside corporate limits,	write RuRAL and give	e negrest town)
	write RURAL and give nearest town)	13 min.	Cedar Heights		11 /
	Cheverly d NAME OF HOSP TAE OR INSTITUT ON (If not in nospital,		d STREET ADDRESS		e IS RES DENCE
					ON A FARM?
	Prince George General No:		6214 Lee Place		YES NO X
	NAME OF First DECEMSED	Middle	Lost 4 DATE OF	Month	Doy Year
	(Type or print) Archie	Dell S	mith Sr. DEATH	2	25 19 66
S	SEX 6 COLOR OR RACE 7 MARR ED	NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In	years FUNDER	Days Hours Min.
	Male Hegro WIDOWED	DIVORCED .	29 Aug. 1914 51	yrs Months	boys 10015 Milit.
10c	USUAL OCCUPATION (Give kind of work done 10b.)	(IND OF BUS NESS OR	11 BIRTHPLACE (State or foreign country)		FIZEN OF WHAT
dur	ng most of working de exen fret red)	Yeway	North Carolina	1 6	ISA ^y ?
	FATHER'S NAME	- A6	14 MOTHER'S MAIDEN NAME		
	unknown		unknown		
LC		SOCIAL SECURITY NO. 17	INFORMANT	Address	-
(Y)	es, no, or unknown) (fiyes give war or dates of service)		anche Smith-wife	W001672	
	No		ranche smitth-wife		
	18 CAUSE OF DEATH (Enter only one couse per line for	r (o), (b), ond (c).)			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) ITEM.	rt failure			ONSET AND DEATH
	DUE TO				
	rhim was transfer to the same	eriosclerotic h	noamt dianan		Over 1 vr
	rise to immediate couse (a).	er toscheromich	leart orsease		TUVER 1 YE
	stating the underlying couse				
		TO DEAT. D. T. LOT DE LITE TO	T. F. TEDAHRAH DISTASE CONDITION OF VEH BY DAD	T 1/-3	19 WAS AUTOPSY
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G VEN IN PAR	1 1(0)	PERFORMED?
2	200 EXTERNAL CAUSE WAS 20b D	ESCRIBE HOW INJURY OCCURRED	(Enter nature of in any in Port L or Port L of ite	m 18)	
CEK	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH				
		INJURY OCCURRED 20e PLA	ICE OF INJURY (Hame, form, 20f (City or	town) ((a	unty) (State)
MEDICAL	Hour o.m. White	e Not While for	tory, street, office bldg., etc.)	(60)	11 (NO.e)
6		rk L of work L			
	21. I certify that I taak charge of the re		eld an Autapsy 🔲, 🛮 Inspection 🔀,	Inquiry 🔀 ,	and in my apinia
	death resulted fram; Natural causes, [🔀, 🗚 cident 🔲, Suii	ade 🔲, Hamicide 🔲, Undetern	nined manner 🗌	
	a UN	11	CHIEF MED CAL EXAMINER		
	ACTUAL SIGNATURE	WIT	M.D. ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S John Kehoe, M.D.	Riverdale, Md.	DEPLITY MEDICAL EYAMINED	·)	2-25-66
23	BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY OR			(County) (State)
	Burian 3/1/66	1	emorial Park Mary	_ ' _ '	(1)
2	1,5, -1		2So REC'D BY REGISTRAR	250 REGISTRAR'S S	IGNATURE
_	tewart Auneral Home	4001 Benning			en Judge

VR A15ME (5) X 6M 1/66

5 may be retained for your files.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32793 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission o. COUNTY b. COUNTY Poge State Department of death Prince George's
b (ITY OR TOWN (If autside carparate limits, MARYLAND Maryland c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours after Crownsville DOA Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Park in pencil in Item 18 Give Pages Prince George General Hospital Sumer Hill YES NO along with 3 NAME OF Middle 4 DATE Lost DECEASED OF the within (Type ar pnnt) DEATH 5 SEX B DATE OF BIRTH AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last b rthday) Manths WIDOWED DIVORCED event This certificate should be executed within 24 hours and 2 10a US_ALOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during play of warrying it refered) any Chief Medical Examiners pages In any ATHER'S NAME File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI Address (Yes, na, arunknawn) (If yes give war or dates of service) Millon pending" removal, 18 CAUSE OF DEATH (Enter only one cause per ne for (a) (b) and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH ä IMMEDIATE CAUSE (a) Heart failure e, writing the ward farwarded to the Ch burial, crematian, DUE TO Conditions, if any, which gave (b) From artariosclarotic heart disease rise ta immediate couse (o), О stating the underlying couse fost. PART II OTHER'S CHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Diabetes mellitus - over 5 yrs. NO pe agent, priar to shauld be 20a EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18) 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) Hour o.m. factory, street, office bldg., etc.) at wark at work its designated

FUNERAL DIRECTOR: Page please execute the funeral directar. 0

O DEPUTY ME

Acreent . death resulted from Natural causes X. Su cide . SIGNATURE EXAMINER'S John Kehoe, M.D. Riverdale, Md.

21. I certify that I taak charge of the remains described above, held an Autopsy

CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER LOC

Address (Street, city town, or county)

Homicide |

22. DATE SIGNED

and in my opinian

BURIAL CREMATIO 23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Jown)

Undetermined manner

Inquiry X

2-16-66

VR A15ME (5) 6M 1766

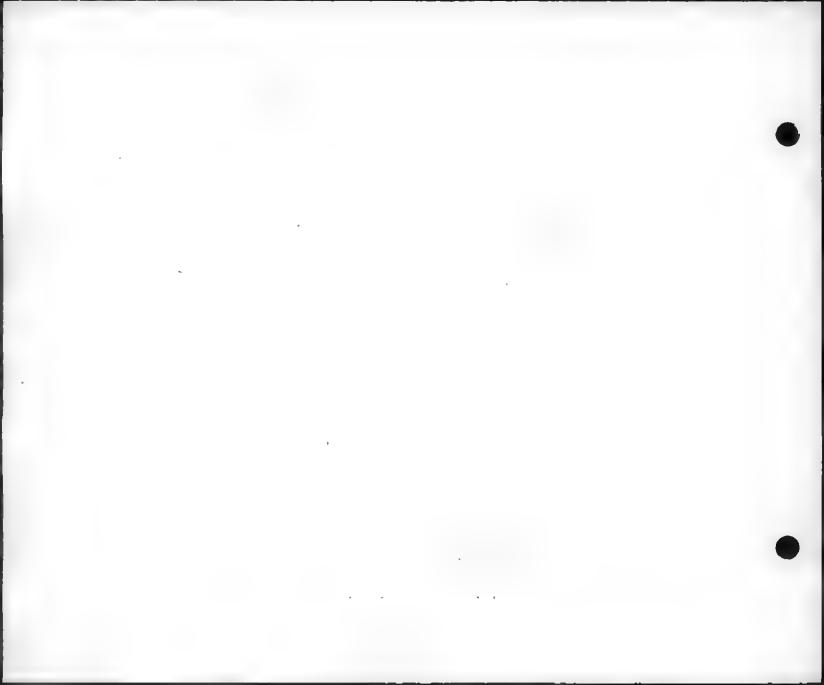
Health or

ACTUAL

NAME (Type)

2So REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Inspection X,



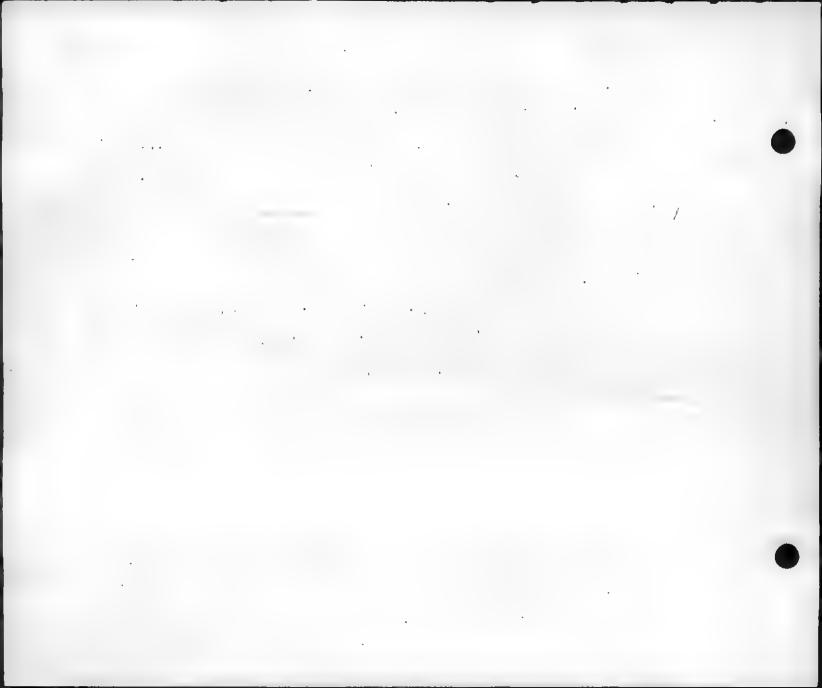
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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After t	d be de	State	
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O FUNER	director	should t	
_	_	40.0	

10 COPITAL OR ITTENDING PHYSICAN: The lam requires that the duath certificate be exempted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

02794	CERTIFICATI	E OF DEATH		02763
1. PLACE OF DEATH 2. COUNTY			E (Where deceased lived, If institutio	n: Residence before admission
PRINCE GEORGE'S	MARYLAND	a. STATE MARYLAN	ID PRINCE G	SEORGE'S
b. CITY OR TOWN (if outside cornorate limits	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If	outside corporate (imits, write RU	
Forrestville, Maryland	N/A	Forrest	ville	, ,
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitai, give street address)	d. STREET ADDRESS		B. IS RESIDENCE ON A FARM?
8341 Jonnell Place, Ap	ot A-8	8341 Jonn	mell Place, AptA	YES ND
3. NAME OF First DECEASED (Type or print) LUDWINA	NN N S	Last STODDARD	4. DATE Month DF DEATH FEBRUARY	Day Year 17 19 66
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (in years IFUN last birthday) Mont	DER 1 YEAR IF UNDER 24 HR
FEMALE CAUCASIAN WIDOW		16 March 1	1914 51 yrs.	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even If retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
House Wife	N/A	GERN	ANY NA	TURALIZED
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME U.S.	CITIZEN
JOSEPH (NMN) WOLF		UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
NO	UNKNOWN HU	SBAND	SAME AS ITEM	#2
18. GAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), end (c).]	1 4		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Locarla	In face	e Pla	- Mangelich
4201 DUE TO	4			40.00
Conditions, if any, which gave rise to immediate (b)	+ rturosclus	کال		years
cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item	1 18.)
9	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
p.m. 19 at w	ile — Not while —	Startoort amag at a gri		
21. I certify that \('(this hospita!) atte	nded the deceased from 6	-24- 19	964 to 2-7- 1	9 <u>66</u> , that # (we) las
saw the deceased alive on 12-7	1966, and that	death occurred at 2	7584M, from the causes and c	
22a. SIGNATURE tephen with	M,D	. PHYS.	MED. STAFF 1	7 FEB 66
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	BASE, MI	
STEPHEN KAUFFMAN, CA		USAFHOSP	ANDREWS, ANDREW	
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	r county) (State)
Durial 2-21-66	- COUNTY	Material	actington	Varefrie
24. FUNERAL DIRECTOR	ADDRESS		B 2 3 1936 REGISTION	RAR'S SIGNATURE
W.W. Chambers & In	- 517-11- AV.	_CAC DATE	D 60 1300 /	may frage

VR ALS (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral funeral after death. 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Prince Georges the street MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by t papers. Page hin 72 hours & hours 2 mos., 13 days Washington Glenn Dale (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 5310 5th St., N. W. The completely fills Amove carbon papers on any event, within 7 Glenn Dale Hospital 3. NAME OF Middle Last DATE Month Day DECEASED 2 Rubv Strickland 16 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ician and con 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days Female 7/4/1928 Negro MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR been signed by the attending physician-the burial-transit permit. Then please in to burial, cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Housewife Culpepper, Va. denth certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Brown Daisy Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) None Decedent 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Massive pulmonary hemorrhage **■**ysician. sudden DUE TO Conditions, If any, which gave rise to immediate attending DUE TO cause (a), stating the Far advanced pulmonary tuberculosis as th underlying cause last, has CERTIFICATION r this certificate hadetached for use at the Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. hospital 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) After b. dould be factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 19.65., to. retained Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 2/16/, 19 66, that #0 (we) last 21. I certify that XX (this hospital) attended the deceased from 6/1966, and that death occurren at saw the deceased alive on A.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 2/16/66 STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Glenn Dale, Md. DATE THEREOF LOCATION (City, town or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Carver Memorial Ceme REGISTRAR STANATURE REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

o. IS RESIDENCE ON A FARM?

Year

1966

Hours

years

WAS AUTOPSY PERFORMED? YES [X]

NO F

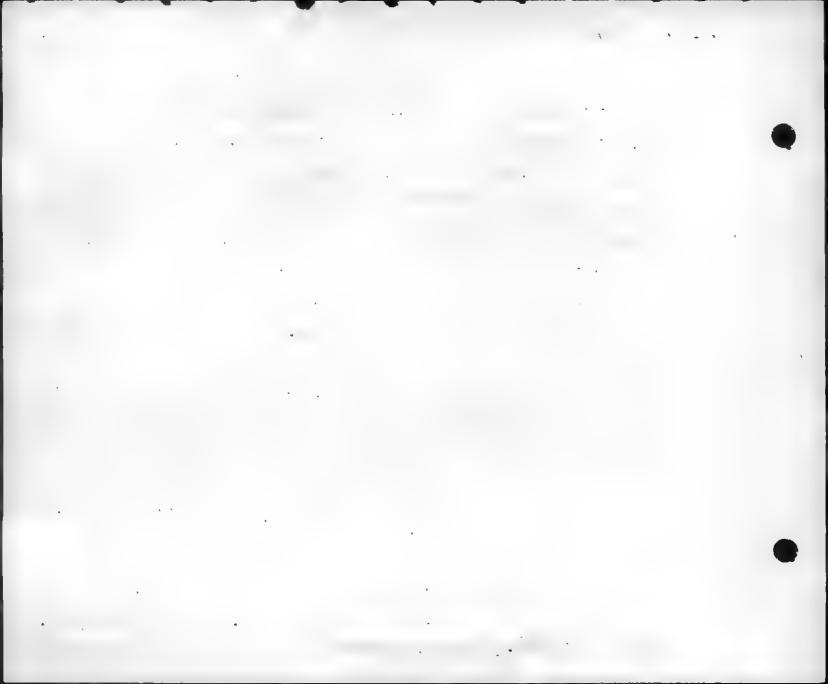
(State)

(State)

YES

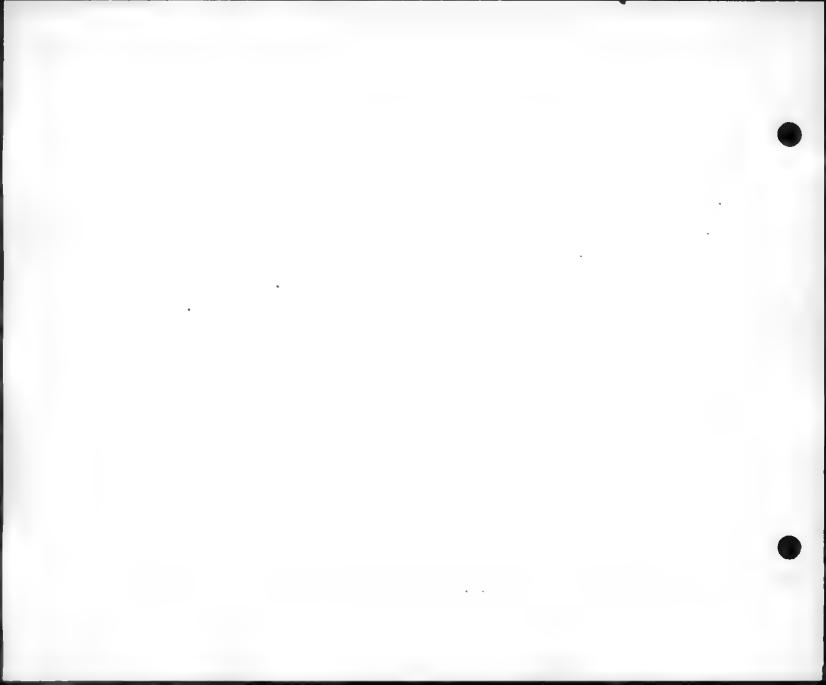
NO X

20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH a. COUNTY Frince George's Maryland with the State Department of within 72 hours ofter death. Prince George's

b CITY OR TOWN (If auts de corporate limits,
write RURAL and give nearest town) MARYLAND c CITY OR TOWN (If autside carparate limits, write RuRAL and give nearest town) c LENGTH OF STAY IN 16 Upper Marlboro Cheverly 5 da d NAME OF HOSPITAL OR INSTITUTION (final in haspital give street oddress) 5 days S RES DENCE ON A FARM? YES NO TA Prince George General Hospital Duley Station Road 3 NAME OF DECEASED (Type ar print) DEATH Edward Swain IF UNDER 1 YEAR | 1 IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED 8 DATE OF BRTH last birthday) Months WIDOWED 20 June 1903 11 BIRTHPLACE State or foreign couple 12 CITIZEN OF WHAT 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. WRM & FORCES? (Yes, na, or unknown) ((If yes give your or dates at service) 18 KAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c))
AART | DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Multiple pulmonary emboli ONSET AND DEATH used os o burial-tror o burial, cremotion, o word DUE TO And Myocardial infarction Canditians, if any, which gave (b) And Duodenal ulcer rise to immediate cause (a), And Burns 5 % of body surface stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part I or Part II of Item 18.) 3 should PRIMARY Tor CONTRIBUTING 2 CAUSE OF DEATH. Burned in house fire 20d INJURY OCCURRED > 20e PLACE OF INJURY (Home, form 20c T ME OF INJURY Manth, Day Year 20f (City or town) (County) (State) 19 66 While Not While of work Haur a.m. factory, street, affice bldg., etc.) 6:45ampm 2-7-Same as #2 21. I certify that I taak charge of the remains described above, held an Autopsy 🔯, Inspection 🔀, Inquiry 🔂, and in my apin an death resulted fram: Natural couses Accident Sc., Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER | ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER choe M.D. **EXAMINER'S** Riverdale, Md. 2-14-66 Address (Street, city, tawn, or caunty) 230 BURIAL, CREMATION VR ATSME TO



executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I ape 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO TOSEITAL OR ATTENTING PRYSTIAN The law requires that the duath certificate by Page 4 may be retained by the hospital or attending physician.

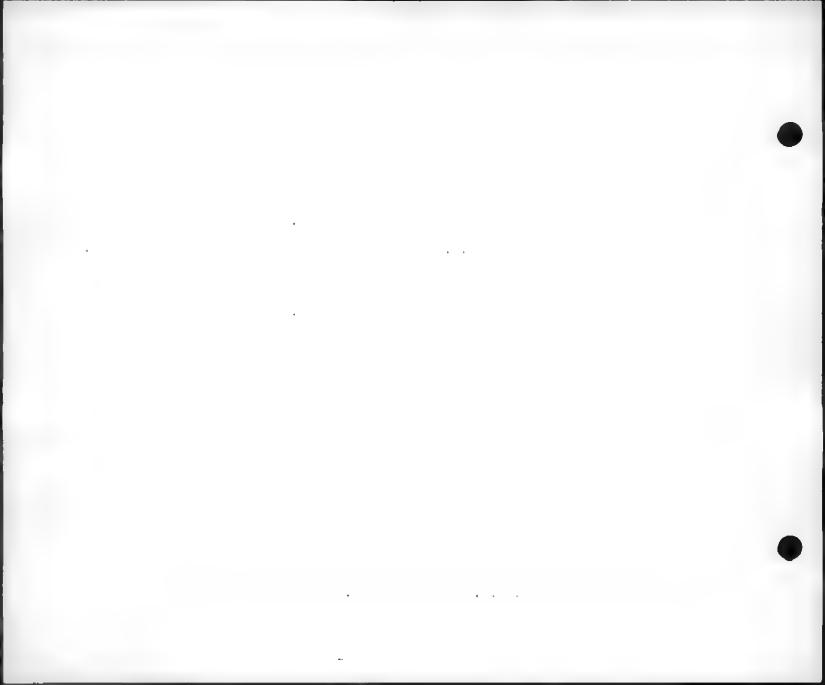
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	UAST CERTIFICAT	'E OF DEATH	02767
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: I	tesidence before admission)
ı	Prince George MARYLAND	a. STATE b. COUNTY	Gem.
-	b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL	
_	Kivendeles mod /hr.	University FK Th	d .: 1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	ugane teland Memorial Haspital	63 12 40" bul	YES ND
3	DECEASED	Last 4. DATE Month	Day Year
5	(Type or print) // MALL HUNDE	8. DATE OF BIRTH 9. ACE (In years I f UNDER	19 27
'	MEYER MARKIED NEVER MARKIED	Jast birthday) Months	Days Hours Min.
10	DIVORCED DIV	11. BIRTHPLACE (County & State, or toreign country) 12. C	ITIZEN OF WHAT
di	School Feacher (Retired)		OUNTRYS. A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	er. William H. leylor	Sally c. Evens	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (If yes give war or dates of service)		string Ad,
-	18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c).]		INTERVAL BETWEEN
	PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	elionery Johna	ONSET AND DEATH
L	DUE TO A	1 4 14 10	
ı	Cenditions, if any, which	wi plant jaguing	
	gave rise to Immediate cause (a), stating the DUE TO	a hitil Heattailus	
N	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICATIC	TAKE IT. OF BER SIGNIFICANT CONDITIONS CONVENDED THE TO DEATH BUT NOT KE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANTIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18	.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. Pt	ACE OF INJURY (Home, farm, 2Df. (City o town) (Color, street, office bldg., etc.)	unty) (State)
MED	Hour a.m. While Not While p.m 19 at work at work	Control of the	26
П	21. I certify that (I) (this howital) attended the deceased from	, 19 to 19 19	that (1) (we) last
		at death occurred at TM, from the causes and on t	
	22a. SIGNATURE	ATTENDING MED. STAFF 7	DATE SIGNED
	22c. PHYSICIAN'S	D. PHYS. PHYS. PHYS.	14/10/
	NAME (Type) W.L. ETIENNE	Joseph Day 19	Of '
23	3a. BURIAL CREMATION, 3b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	unity) (State)
		metery / Salem Virgi	hia
2	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. RECISTRAR	'S SICNATURE
	D. Sarols Zons, Stipulismille	MA DATEEB 15 1958 Milant	es Judge

VR A15 (4) 20M 1/65

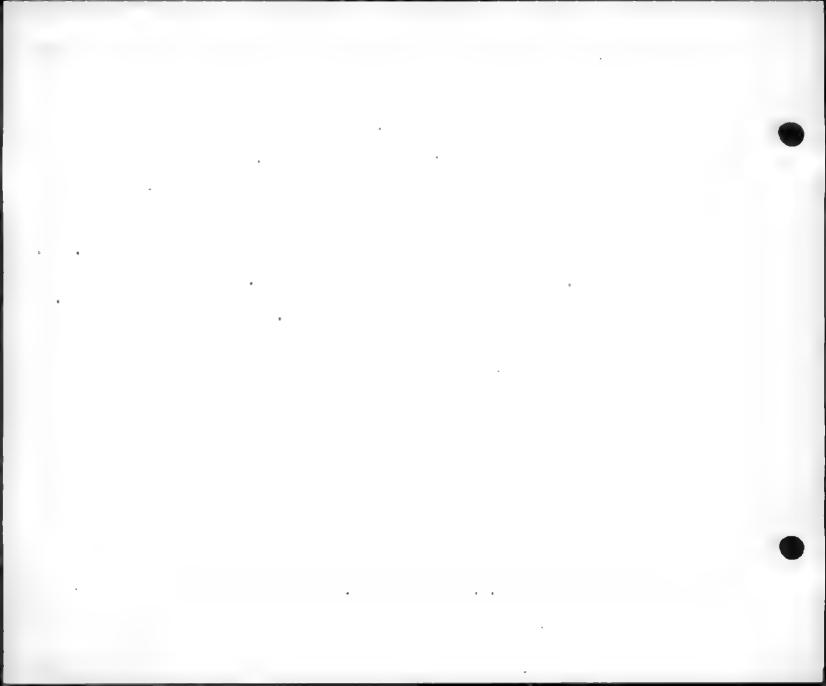


Items 18-21 Film G375 4/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission n. COUNTY Page 40 death. delay is Prince George's MARYLAND Maryland Prince George's Department c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate imits c LENGTH OF STAY IN 1b write RURAL and give nearest town) offer (Hillcrest Heights Hillcrest Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs farm Pages ate 2506 Colbrook Drive 2506 Colbrook Drive YES NO TO in Item 18. Give Page er's Office alang with fi be executed within 24 haurs after death 3 NAME OF DATE \$5 Lost Month DECEASED the (Type or print) DEATH Havwood nt with S SEX 6 COLOR OR RACE 8. DATE OF B RTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS MARR+ED **NEVER MARRIED** last birthdoy) Doys Hours WIDOWED DIVORCED 28 Aug. 1906 Male rd "pending" in penci in Item 1. Chief Medical Examiner's Office vent 10o US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT during most of working life, even it ret red)
Retired - Officer U.S. Army G-NRY A Evington, Virginia duy pages in any 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward B. Taylor Jessie Irene Smith File 15. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service remayal Eileen A. Taylor 2506 Colebrook Drive INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH ь IMMEDIATE CAUSE (6) Barbiturate intoxication This certificate shauld the ward cremation, DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO stating the underlying couse used as burial, c lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) necessary, please execute the certificate, YES IX NO prior to 200 EXTERNAL CAUSE WAS PRIMARY (CONTRIBUTING) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18) shauld MEDICAL EXAMINER: Took overdose of barbiturates CAUSE OF DEATH its designated agent, 20c TIME OF INJURY Month, Doy, Year
4: 0 2/1 F 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) funeral director. Page 4 While of work I of work factory, street, office bldg , etc.) 19 66 Hillcrest Hgts. Pr. Geo, Md 21. I certify that I took charge of the remoins described obove, held an Autapsy [x], Inspection X, Inquiry [X], and in my opinian death resulted fram: Natural causes Accident Suicide X. Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER may be re FUNERAL # SIG NATURE 50 DEPUTY MEDICAL EXAMINER 2 2-3-66 John Kchoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d .OCATION (City or Town) (County) (State) REMOVAL (Specify) 2-4-66 Arlington National Arlington Virginia REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So REC D BY REG STRAR 4308 Suitland Rd Suitland Maryland Wilhelm Funeral Home VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

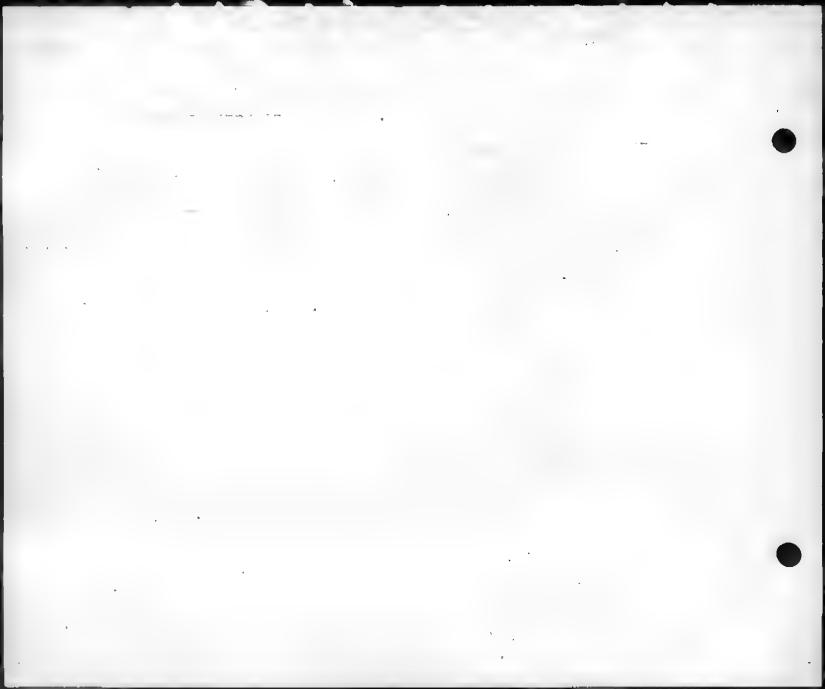
F0	R STAT	Ę 🐬	F	12799	WEDICAL EXAMINER, 2	CERTIFICATE U	F DEATH	02769
IEA	LTH DEI	PF	作	PLACE OF DEATH		2 USUAL RESIDENCE (V	Yhere deceosed lived, it institu	ution: Residence before odmission)
<u>s</u>	of de	_		o. COUNTY	MARYLAND	o. STATE Maryland	b. (01	uniy rince George's
d C	Page ant of	eat	\vdash	Prince George's b CITY OR TOWN (If outside corporate I mits,	C LENGTH OF STAY IN 16	r CITY OR TOWN (If ou	Iside cornorate mits, write R	JRAL and give nearest fown)
del	PM3.	70		write RURAL and give nearest town)				16 - 1
Ž.	m PM3. Par Department	after death	-	Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in	10 min.	Chapel O	aks	
± -	- E a	51		·		1		e IS RESIDENCE ON A FARM?
<u>_</u>	ges far	Pours 14	-	Prince George Genera		1113 57th		YES NO
Bal	e St	72	3	NAME OF First DECEASED		Lost	4 DATE Mo	,
haurs after deat	one rages 1, ang with farm in the State De	within 72	-	(Type or pnnt) Theresa	Yolanda Taylo	r		2-2-66 19 TIFUNDER I YEAR TIFUNDER 24 HR
	-	₹ ¥	2.			B DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Doys Hours Min
21.				remarte i Megro i	W DOWED DIVORCED	13 June 1964	yrs	
hot		800		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	IOD KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote		12 CITIZEN OF WHAT
24	is I	'n	L	None	None	MARYL		COUNTRY?
5	niner's pages	in any event	13	FATHER S NAME		14. MOTHER'S MAIDEN N		
HIN :	Examiner Examiner File page			Russell L. Taylor		Hilda T	• Carter	
- p	<u> </u>			WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Chape	ressOaks, Md.
cotte	aing hedical perm.t.	IVO		None	None Rus	ssell L. T	aylor-1113	57th Place,
executed	Me	E E		18. CAUSE OF DEATH (Enter only one couse				INTERVAL BETWEEN
pe !	ief insit	-		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (6)	Acute pulmonary ed	lema		ONSET AND DEATH
₽ 3	o the Chief / burial-transit	Ë,			From acute leryngo		onchitis	
por.	美 克	atic		Conditions, if ony, which gove) (b)				
di -	a bi	9		rise to immediate couse (a), DUE TO				
<u> </u>	ded ded as (۱, در		last. (c))			
his certificate shoul	varing the ward Relating l'arwarded to the Chief Medical used as a burial-transit perm.t.	burial, cremation, ar remaval,	-	PART I OTHER SIGNIFICANT CONDITIONS CON	ITR BUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	DIT ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
2 0			ATIO.					YES X NO
E	be for	designated agent, priar ta	CERTIFICATION	200 EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of in ary in I	Port Lor Port Lol item 18.)	
22	hauld briles.	pric	(FR	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH				
ZAL EXAMINER:	shauld files. 3 shauld	Ţ,	MEDICAL	2Dc TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form		(Stote) (Stote)
AM 4	ge 22 4	age	₽¥.	Hour o m.	While Not While of work foct	ory, street, office bldg , etc)		
EX	age Pa	D ₀		2.10%	of the remains described above, he	ld an Altansy lad	Inspection [v] Inc	quiry 📆, and n my apini
AL	OR TO	not			causes \boxtimes , Accident \square , Suic			, , ,
Ĕ:	ecto ined	BS 10		A death resolved from	todes 24, Accident 1, sore	CHIEF MED CAL		Trainitei
ME	director retained DIRECT	S		ACTUAL SIGNATURE	1 / Ima		ICAL EXAMINER	22. DATE SIGNE
בׂ	eral be r	1 1		L. P.	9 / 1- 0		L EXAMINER	0 0 //
O DEPUTY MED	the funeral director. Page 5 may be retained for 5 may be retained for 5 FUNERAL DIRECTOR:	Health or its	L	EXAMINER'S John Konoe, I	M.D. Riverdale, Md.		, city, town, or county)	2–3–66
0	5 + 5 O	Ped	23	BURIAL, CREMATION, JOB DATE THERE			23d LOCATION (City or T	own) (County) (State)
Ĕ	- 412	_		REMOVALISPENTY 2-0-01			CAROLINE,	DOUNTY, VA.
	V0 4354-	(6)	2	FUNERAL DIRECTOR	ADDRESS			REG STRAR S SIGNATURE
	VR A15M8 6M 1/6			John Ti Thines	+co 3015-12"	St. N. B DATE B	9 1556 "	arles Juige
			-	-17			17	



and completely filled in by the funeral femore carbon papers. Pages 1 and 2 may event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

_		
I.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	17 yattsville Norsing Home MARYLAND	3. STATE Lauce Dr. Heatloooll mi
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	Hyattsville 2 yrs.	- designation
	d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
	Hyattsville Nursing Home	YES NO X
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) page a there	DEATH 1- 15 19
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	MUC WIDOWED DIVORCED	1-14-78 88 56 yrs. Months Days Hours Min.
10a. duri	USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Engineer Retired	Indiana U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bernard Theders	Rose Moster
15. (Yes	i. no. or unkown) (If yes pive war or dates of service)	INFORMANT Address
	No 426-09-7004	Mrs. Geo. T. Tavenner (Daugher)
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	(above address) Interval Between Onser And/Death
	PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) Order - put	moran Julian 2010/66
-	DUE TO	
-1	Conditions, if any, which gave rise to immediate (b)	
1	cause (a), stating the DUE TO	
ż	underlying cause last. (c)	
201	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
FIC		YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	URRED. (Enter nature of injury in Part I or Part II of item 18.)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EDICAL	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)
≥	21. I certify that (I) (this hospital), attended the deceased from	2/25 , 1964, to +eb/8 , 1966, that (1) (we) last
		at death occurred at 1/15 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	TEN Due of Sull M.	D. PHYS. DIRECTOR PHYS. ,
ł	NAME ATOPON A TO ON A CONTRACT OF A DAY	22d. ADDRESS / , / / /
	THOUGHE CLIKETED YN	10826 figgs trad Negello high
23a.	REMOVAL (Specify)	Y OR CREMATORY 2dd. LOCATION (City, town or county) (State)
0.4	Burial 2/15/66 Fort Linco	In Cemetery Colman Manor Md
24.	_ Nailey'st.R	alnien. === a a a a de de de de de de
	Funeral Home Inc. Maryland	TOATE EB 16 1956 francis Judge



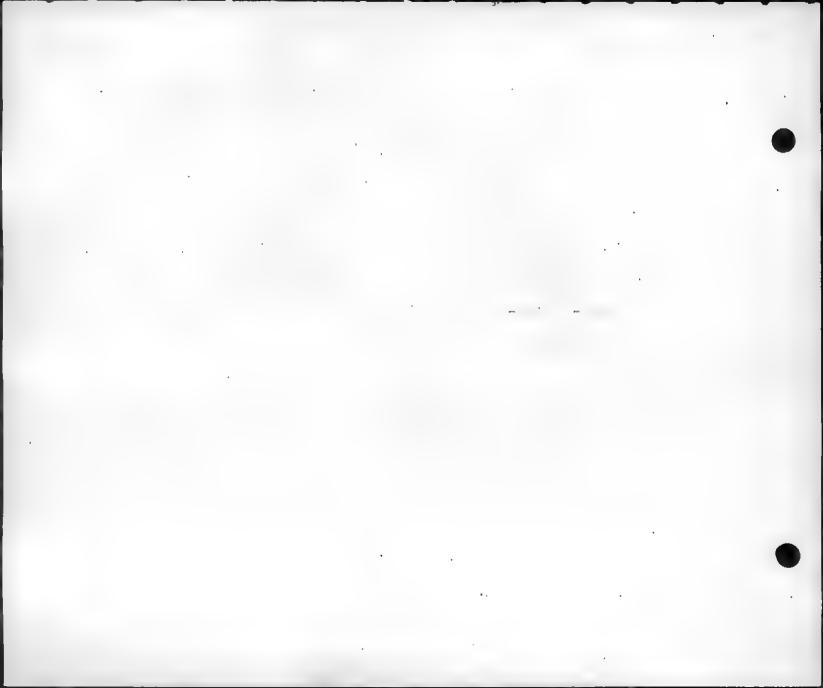
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please vemore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and them event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before a STATE

L.	a, COUNTY	1					2. USUAL	RESIDEN	ICE (When	e deceased li	ved, If his	titution: I	tesidence	before ad	m(ssion)
		GEORGE	1 S		М	ARYLAND	MARY	te Land)	PRT	p conv	ITY GEOF	CFI	S	
	b. CITY OR TOW	N (if outside corr and give nearest	orate limi	ts, J c.	LENGTH DF					corporate			1		t town)
0	XON HTI	L RESCU	town; IP AMI	RIII.AN	CF		OXON	нтт	Ť				16	. /	
_	d. NAME OF HOS	SPITAL OR INSTIT	UTION (if n	et in hospi	tal, give stre	et address	d. STREET						,	IS RES	DENCE
	TWEEN R	FCTDEMO	r Ni	ashin	REWS,	D.C.		0		A 1777				ON A F	
	NAME DF	FOIDENC	E AN	U ANL			1 6298		rson		24 41				ND X
٥.	DECEASED (Type or print)	т.	AMES	15	Middle DGAR		Last ORNTON		4. DA		Monti BRUA		2 0	Yea	
5.	SEX :						8. DATE OF	BIDTH	DE			IF UNDER		19	66
		6. CDLOR OR RA								last b	irthday)	Months	Days	Hours	Min.
	ALE	CAU ION (Give kind of w		OWED		RCED	4 SEP			51	yrs.				
du	ring most of work	ing life, even if re	tired)	INDU		S OR	11. BIRTH	IPLACE ((County & St	tate, or forei	gn country) 12. C	ITIZEN O DUNTRY?	F WHAT	
		IRED		MILI	TARY				LLE,			JU.	S.		_
13	. FATHER'S NAM	E					14. MOTH	ER'S MAI	OEN NAM	E					
J	AMES ED	GAR THO	RNTO	V			ROSE	SWE	ENEY	,					
	. WAS DECEASED	VER IN U.S. ARME (If yes give war or da	DFORCES?	1 16. SOC	IALSECURIT	YNO. 17.	INFORMANT				Addres	SS			
		1-45 195			9-09-	3950	WI	FE.	SAME	AS	# 2				
-		DEATH [Enter only		e per line f	or (a), (b), an	nd (c).1					н =		INTER	VAL BET	WEEN
		ATH WAS CAUSED	BY:	_	AC AR								ONSE	T AND D	EATH
	420	IMMEDIATE CAI	70L (a)	דעווחד	AC AN	7/1777							-		
	Conditions, If	· L	UE TO	\CITE	MVOC	APDT	AL INF	ADOT	TON						
	gave rise to	Immediate	(2/	ACOLL	HILOC	UVDI	714T	MICI	TON				-		
	cause (a), st	ating the	OVE TD												
N	underlying caus		(c)	MTO TOLIŽIBI	C TO DEATH D	HENOTOFI	ATED TO BIG T		DIOFFAFE	OMBIELON	CALLEST CO.	DA DE SALL	110	MAPA CO. A S I'	FDDBY
AT.C	PARTITIONERS	IGNIFICANTCOND	I HONS COL	AIKIBOIIM	R ID DEVIH R	UTNUTREL	ATED TO THE T	ERMINAL	DISEASEC	MOITIUM	GIVENINI	PARI 1(8)		WAS AU PERFORI	
FIC.													· ·		NO 🔲
CERTIFICAT.ON	20a. ACCIDENT DR CDNTRIBUTI (IF EITHER, NOT	WAS UNDERLYING NG CAUSE OF I TIFY MEDICAL EXA	DEATH (MINER)	20b. DESC	RIBE HOW II	NJURY OCC	URRED. (Enter	nature o	f Injury Ir	n Part I or	Part II o	f item 18	.)		
AL.		NJURY Month, D		20d. INJUR	Y OCCURRED	200, PL	ACE OF INJUR	Y (Home, f	arm.i 201	. (City or	town)	(Co.	inty)	(S	tate)
MEDICAL	Hour a.n			While,	Not While -	fact	ory, street, off	ice bldg., e	etc.)			•	**		
Σ	p.n			at work			*****		- 50	- 2 0					
		y that 🔯 (this h													
	saw the dec	eased alive on	1.6 DI		19.65	_, and tha	nt death occu	irred at_	EM,	from the	causes				above.
	228. 316.1410	· E. /	W	My	hre	M.	ATTENDII	NG	MED. DIRECTOR	STA	FF KS. K		ATE SIGI		
	22c. PHYSICIA	N'S	7				22d. Al	DRESS							
	ROBERT	E PUMPH	REY	IR CA	PT_UZ	AF,M	LUSAF	HOS	PITA	L AN	DREW	S			
238	BURIAL, CREM		TE THEREC				Y OR CREMAT	DRY	23d.	LOCATION	(City, to	WIT OF CO	unity)	(Sta	ite)
	REMDVAL (Spe Burial	2/2/	4/66	A	rling	ton N	ationa	al	Fo	rt My	rer		Vin	gin	ia
	. FUNERAL DIRE		17	300	ADDRESS		1	25a. RE	C'D BY RI	GISTRAR	25b. RE	GISTRAR	S SIGNA	TURE	
	J. Wm.	Lees Sc	ms		4th a		NE	DATE	3 2 4	1856	you	ineli	y Ju	dak.	



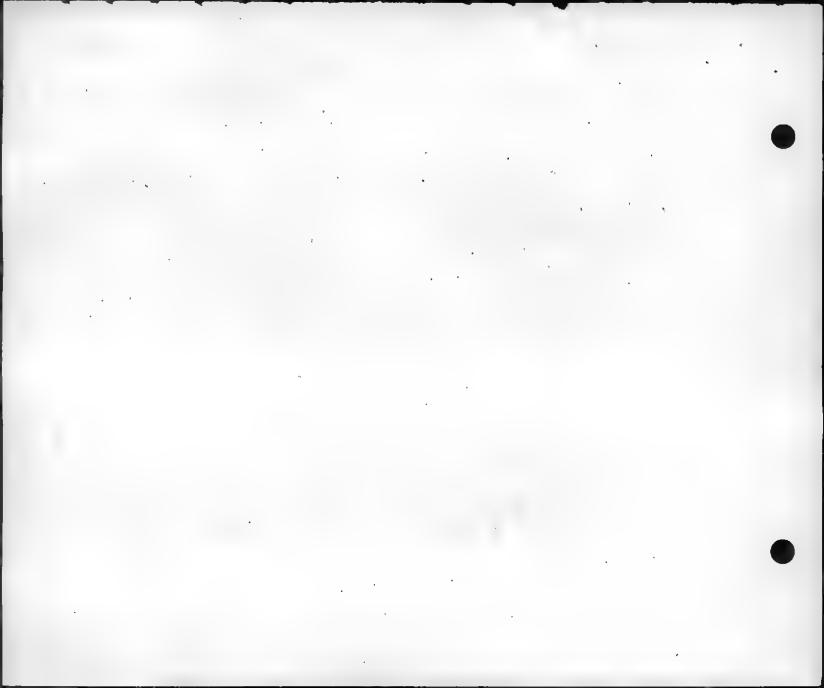
	MARYLAND STATE DEPARTMENT OF HEALTH	
CAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND

	DIVISIO	N OF STATIS	TICAL RES	EARCH AND RECOR				EET, BALTIMO	RE 1, M	ARYLAND
_	UZOU	6	Tte	CERTIFIC	1000	F DEATH	e on	file-in-	this	31.08
1.	PLACE OF DEAT	Н	100			SUAL RESIDEN . STATE	ČE (Where	e deceased lived, if in b. COU		sidence before admission)
	- 4	nce Georg	ge¹s	MARYLAN	D	Mary	/land		Pri	nce George!
	b. CITY OR TOW	N (if outside cor and give neares	porate iimits,	c. LENGTH OF STAY IN	1b c. Cl	TY OR TOWN (H	outside	corporate limits, w	rite RURAL a	and give nearest town)
	Cheverl		. town)	6 days	į.	Hyatts	ville			11 .
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if not in	hospital, give street addr	d. ST	REET ADDRESS				e. IS RESIDENCE ON A FARM?
	Prince	George's	Genera	l Hospital		5427 R	In Bu	chanan St	•	YES NO K
3.	NAME OF DECEASED		First	Middle		Last	4. DA	TE Mon	h	Day Year
	(Type or print)		verly	Α.		inum		ATH Febru		12, 166
5.	SEX	6. COLOR OR RA	ACE 7. MARRII	ED NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years Jast birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS.
	Female	White	WIDOWI	ED DIVORCED	1 10/	25/56		10/11/rs.	MORTIS	Days Hours Min.
1Da	. USUAL OCCUPA	TION (Give kind of ving life, even if re	workdone 10b	. KIND OF BUSINESS OR INDUSTRY			County & S	tate, or fereign countr	y) 12. C11	IZEN OF WHAT
uur	Stud		stired)	school		Md				UNTRY?
13.	FATHER'S NAM	1E			14.	MOTHER'S MAIL	DEN NAM	E		
	Ken	neth M	Trainun	n		Ann E	Tayl	or		
15	. WAS DECEASED	EVER IN U.S. ARMI (If yes give war or d	DFORCES?	16. SOCIAL SECURITYNO.	17. INFOR	TANT		Addre	\$\$	
(10	no, no, or makedan)		TIES DI SETVICE)	none	Hospi	tal rec	ords	cheverly	Md.	
1	18. CAUSE DF	DEATH [Enter on	ly one cause pe	r line for (a), (b), and (c).]			4"	A		INTERVAL BETWEEN
		EATH WAS CAUSE	D BY:	Drinela.	1-	Mein	مررد	31 lis		ONSET AND DEATH
		IMMEDIATE CA		1	1	1	- 0	9		
	Conditions If		DUE TO	Brilas	PIR	1 00	mai	1. 12.0.	200	
	Conditions, If	Immediate	(b)(c)	1012		7/00	2- 62	10/ new		
	cause (a), s	tating the	DUE TO					/		
2	underlying cau		(c)			THE TENNESS	DIOCADE	and the latest the lat	D107.1(a)	19. WAS AUTOPSY
110	PARTH.OTHER	SIGNIFICANTCON	JI HONS CON IRI	IBUTING TO DEATH BUT NOT	RELATED TO	THE LEKMINAL	UISEASE	COMPETON GIVEN II	IPAKI 1(a)	PERFORMED?
FICA										YES XX NO
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYIN ING TO CAUSE OF TIFY MEDICAL EX	G [] 2Db.	DESCRIBE HOW INJURY	CCURRED.	Enter nature o	f Injury I	n Part I or Part II	of Item 18.)	
				. INJURY OCCURRED 2De.	PLACE OF	NJURY (Home, f	arm i 2n	if. (City or town)	(Соиг	nty) (State)
MEDICAL	Hour a.		Whi		actory, stre	t, office bldg.,	etc.)	it (oil) or toning	(002)	,
ME		m.	19 at w	ork at work						
				nded the deceased from						
		ceased alive on	Feb/ 12	19.66 and	that death	occurred at				e date stated above.
	22a. SIGNATU	RE/	Trolle	Ac /	A11	ENDING -	a.m	STAFF		TE SIGNED 12, 1966
			11101		M.D. PHY	'S. X	DIRECTO	R PHYS.	Kes 1	2,1100
	22c. PHYSICIA NAME (T		///-	varado	22	d. ADDRESS	1 0	0.	1 /	
						Kiverda			rdale	
23a	REMOVAL (SD	MATION 23b. Decify)	ATE THEREOF	23c. NAME OF CEME	TERY OR CA			LOCATION (City,		nty) (State)
	Burial	Feb		66 St John	s Cem	etery	T	eltsville	3	A CANA THANK
24	. FUNERAL DIR			ADDRESS		25a. RE	C'D BY R	EGISTRAR 25b. f	REGISTRAR'S	SIGNATURE
	F . G	asch's 8	ons Hy	rattsville, 1	id.	DATE	Dit	1956 /	Marle	y Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pages 1 after a. STATE b. COUNTY after nce c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1h etely filled in by bon papers. Page within 72 hours a 24 hours lin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Sow NO YES completely ive carbon p within NAME OF DECEASED Middle DATE Month Day Year OF event, 1 (Type or print) DEATH 196 PRUZRU executed remove 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Morths | Days | Hours | Min. DATE OF BIRTH NEVER MARRIED Months Davs any Hours WIDOWED DIVORCED nding physician a Then please re removal, and in = 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Mechani tonance certificate C. FATHER'S NAME MOTHER'S MAIDEN NAME attending permit. Then 2 0313 C. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit, 17 INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) 20 the has been signed by the e as the burial-transit p prior to burial, cremati 1/ 18. **CAUSE DF DEATH** [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) retained by the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. 138 88 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES X NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) ORECTOR: After this certing 3 should be detached fled with the State Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. (MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 196.6 19. that (I) (we) last and that death occurred at 7 saw the deceased alive on A.M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED be page ATTENDING PHYS. MED. STAFF PHYS. M.D. DIRECTOR O HOSPITAL TO FUNERAL 22c. PHYSICIAN! 22d. ADDRESS director, p NAME (Typel) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY **ECCATION** (City, towp or county) (State) REMOVAL (Spectfy) a 491 0 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D Corno 2210 VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF 02804	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
1.	PLACE OF BEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ad

	U4004			CERTIFIC	ATI	OF DEATH	1			(12)	74	
1.	PLACE OF DEATH	f			Ĭ	2. USUAL RESIDENCE	E (Where dece	ased lived, If in	stitution: A	tesidence	before ac	lmission)
-	a. COUNTY	Prince Ge		MARYLA	ND	e. STATE Dis	trict	b. cou	NTY			1
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest to	te limits,	c. LENGTH DF STAY II	N 1b	c. CITY DR TOWN (If	outside corp	orate limits, w	rite RURAL	and give	a neares	t town)
		Hvattsvil	le	2 mO. 13 d	ays	Was	hington	1, D. C.		4 1	,	
	d. NAME OF HOS	SPITAL OR INSTITUTI	ON (if not in	hospital, give street add	ress)	d. STREET ADDRESS				θ.	IS RES	IDENCE
_		Sacred He	art_Ho	me		16	Hamilto	n St.,	N. E.	Y	-	ND X
3.	NAME DF DECEASED	F	ırst	Middle		Last	4. DATE	Mont	th	Day	Yea	ar .
	(Type or print)	Mar	tha	A.		Turner	DEATH	Februa	LTY	2	19	66
5.	SEX	6. COLOR DR RACE	7. MARRIE	D NEVER MARRIED	8	. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER			
	Female	White	WIDOWE	D K DIVDRCED	7 3	Nov. 18, 18	82	3 yrs.	Months	Days	Hours	Min.
102	. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b	KIND OF BUSINESS DR		11. BIRTHPLACE (CO	ounty & State,	or fareign countr	y) 12. C	ITIZEN O	F WHAT	
""	ING MOST OF HOISE	ing tho, creat it tetile	;67	HOUSTRE			N	arvland		ted		ces
13	FATHER'S NAM	E				14. MOTHER'S MAID						
		George U.	Havden			Marv	Jane B	Cnott				
	. WAS DECEASED E	EVER IN U.S. ARMED FO	ORCES? 16	6. SOCIAL SECURITYNO.	17.	INFORMANT		Addre	222			
L (Yı	s, no, or unkown)	(If yes give war or dates	of service)	None	Sa	cred Heart	Home. F	lvat.t.svi	He.	Md.	Reco	mds
	18. CAUSE OF	DEATH Enter only or	a cause nor	line for (a), (b), and (c).		010011001		-			VAL BE	
		ATH WAS CAUSED BY	, many	7 3-		1.1 En.	1.				LONA-F	DEATH
	/	IMMEDIATE CAUSE	(a) (XC	une Myor	440	elear Fact	uri			ino	1111	12/
	7	DUE	TO 0		7%	· Land				100	Aus	01
	Conditions, If a		(b) C.	senary,	186	um oner	7				7 24	
	cause (a), st	ating the DUE	TO P	namus Go	1	reoselina	4			12	der	7
z	underlying caus		(c)	1								
(TIO	PART II, OTHERS			BUTING TO DENTH BUTNO					(PART 1(a)		WAS AU PERFOR	
FICA	genera	0								YES		ND 🗌
CERTIFICATION	2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING DEA NG DEAUSE OF DEA ITY MEDICAL EXAMI	TH (NER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In Par	rt I or Part II	of Item 18	.)		
CAL	20c. TIME DF I	NJURY Month, Day,	Year 20d.	INJURY OCCURRED 200		E OF INJURY (Home, fa		City or town)	(Cot	inty)	(5	tate)
MFDICAL	Hour a.n		White at wo		tactor	y, street, office bldg., e	(C.)					
2				ided the deceased from	n	19581	9to	2/2	70 <	40, tha	of (I) (u	ue) lasf
		eased alive on	Jan -			death occurred at		m the causes				
	22a. SIGNATUR		7	, 4110	41701	40001104 40				ATE SIG		
	Then	n6 2-6	In Va	n.	M.D.	ATTENDING X	MED.	STAFF PHYS.				
	22c. PHYSICIA	N'S	301 100		111.00	22d. ADDRESS	Or.		3	,	-	
	NAME (Ty	(pe)				4600 Com	reclevio	Fleu.	nw-	Nu	10	0
238			THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOC	CATION (City, 1	own or co	unty)	(St	ate)
	PEMOVAL (Spe	(clfy) 2-5	-1960	(MT. 11)	116		1	ASH		1.	C	
24	. FUNERAL DIRE		19	ADDRESS		25a. REC	D BY REGIS	TRAR 25b. F	EGISTRAR	'S SIGNA	TURE	
Z	liones	13.71a	relow	WASK	0	C. DEER	0 40	00 00	1 0 .	0.	1. "	
K-						- DATE	7 4	26 1	~ 1 Cm	17 January	7	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE

Francis Gasch's Sons Hyattsville, Md

	02805			MED	ICAL EXAMINE	R'S	CERTIFICATE	OF	DEATH		()	27	75	
1	PLACE OF DEATH					Ï	2 USUAL RESIDENCE	CE (WI	ere deceased liv	red if institut	t on Residen	ce befor	e odmissio	in)
	a COUNTY Prir	nce G	eorge 1	S	MARYLA	ND D	liarylan	d		b COu	NTY			
	b CTY OR TOWN (I	f autside	arparate limit		t LENGTH OF STAY IN	lb	c CITY OR TOWN (I		de corparate lim	uts, write RU	RAL and give	e heares	t tawn)	
	Cheverly	i give nea 7	rest tawn)		1 day		Laurel					16	1	
	d. NAME OF HOSPITA			it in haspital, g	U		d STREET ADDRESS						e. IS RESID	ENCE
	Frince Go	orge	Gener	al Host	ital		200 Main	St	rect.				ON A FA	NO X
	NAME OF		Fit		Middle		Lost		4. DATE	Man	th	Day	Ye)r
	(Type or print)		Ja	ck	1	Inde	rwood		OF DEATH		2	22	19	66
\$.	SEX	6 (0.0)	OR RACE	7 MARR ED	NEVER MARRIED		DATE OF BRTH			n yeors	IF UNDER		FUNDER	24 HRS.
	.ale	Th	ite	WIDOWED	DIVORCED		1 Sept. 1	901		birthday) yrs	Months	Days	Hours	Min.
	LSUAL OCCUPATION	(Give kind	af wark done		ID OF BUS NESS OR DUSTRY		II B RTHPLACE (S)		IZEN OF		
u Ji	Constru			INL	Self		Franklin	Co	. N. C			S. A		
13.	FATHER'S NAME						14. MOTHER'S MAID							
	Robert C	. Ui	nderwo	hod			Elizabet	th 1	Winston	1				
	. WAS DECEASED EVE	RINUSAI	RMED FORCES?	16 5	OCIAL SECURITY NO.	17 1	FORMANT			Addr	ess			
Į1	es, no, ar unknawn) no	fit Asz Blas	war ar aares a	ir service)		H	lospital R	lec	ords					
_	IB. CAUSE OF DE	ATH (Ente	r anly one cou	se per line for	(a), (b), and (c))								ERVAL BET	
	PART I. DEAT	H WAS CA	NEDIATE CAUSE	(a) Epid	ural and su	b-a	rachnoid	hem	orrhage			UN	SET AND D	tAIH
	9035	y	DUE											
	Cond tians, if any,			(b) From	fracture c	of s	bill rist	nt.	parieta	lares	1			
	rise to immediate						,		1					
	last.	7 3	-	(c)										
~	PART IL OTHER SIG	GNIF.CANT	CONDITIONS C	ONTRIBUTING T	DEATH BUT NOT RELATE	D TO I	HE TERMINAL DISEASE	COND	ITION GIVEN IN I	PART 1(a)		19	WAS ALTO	PSY
CATION												Y	PERFORMI	NO [
	200 EXTERNAL CAL	USE WAS		20b DES	CRIBE HOW INJURY OCCL	JRRED (Enter nature of njury	ın Pa	rt I or Part II of	item 18 j				
CERTIF	PRIMARY EFor CON CAUSE OF DEATH	ALKIBUTIN	ا_ا ق	Fe	11 and stru	1016	head on pa	7 150	mont					
MEDICAL	20c TIME OF INJU		Day, Year		URY OCCURRED 20	De PLAC	E OF NJURY (Hame	farm,	20f (City	or town)	(Cou	inty)	(State)
MED	7:00mpm		10 96	66 atwork	Not Whe IX	focto	ry street, office b dg , ront of 20	etc)	Main St	noot	Tanno	1	i fa	
					ains described abay	io nol	d an Autaney]	Inspection 3	Y Inqu	ury 🔀 ,		in my	aninian
	death result			Loguses [de 🔲 . Hamic	T. r		ermined m		1	III III y	apimun
	0 00111 103011	ou muni	1	19036	s, Adden A,	33 CH	CHIEF MEDI			e mineq m	unner	J		
	ACTUAL	1	12/	/ / .	Low				AL EXAMINER			2	2. DATE	SIGNED
	EXAMINED'S	. /	7	110			DEPUTY ME	DICAL	EXAMINER X					
	NAME (Type)	John	Kehoc	, M.D.	Riverdale,			reet, o	city town, or cou	inty)		2-7	23-66	
230	BURIAL, CREMATIO	N /	23b. DATE THE		23c NAME OF CEMETE	_	Mr 36.		23d LOCATIO	N (City or To	wn)	(County)	(51	rate)
	urial (Specify)		2/25/6	6	Oak Leve	l Cl			Rt. #1	Young	svill	е		.C.
24	FINERAL DIRECTO	B/			ADDRESS		2Sa R	REC D E	BY REGISTRAR	25b RE	GISTRAR S S	GNATUR	LE .	

VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MESTCAL EXAMINER:

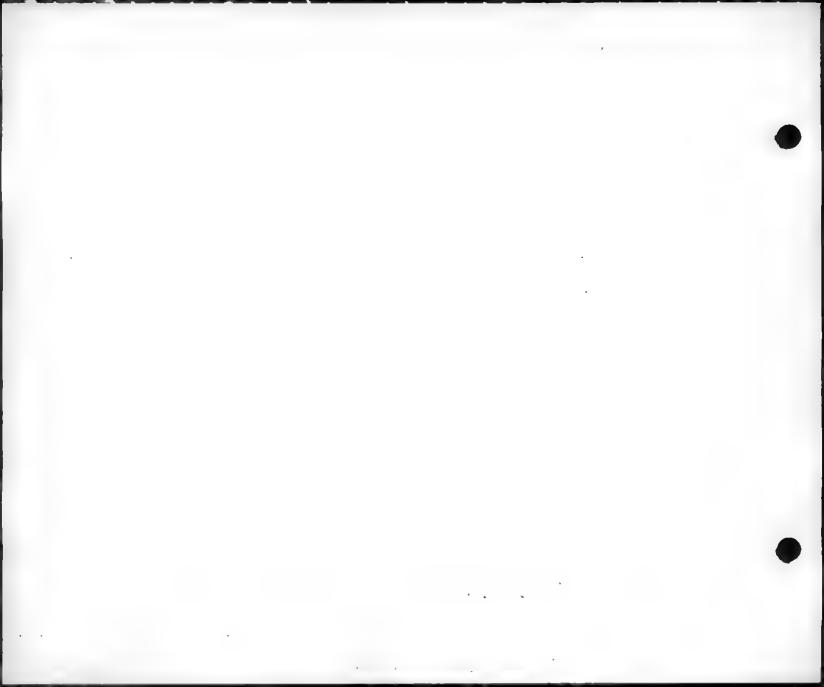
Health ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

c...y delay is

with the State Department of

pages land



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_02806 CERTIFICAT	E OF DEATH 02776
1. PLACE OF DEATH a_COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
PRINCE GEORGE'S MARYLAND	a. STATE IN AR, LAND Demercet.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ACLLAHI 3 Weeks	DEALE, Md
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
PAINT BRANCH NSg. HOME	YES NO
(C) Printy	RWCO 4. DATE Month Day Year DEATH FEB 27 1966
7. MARKIED THEFER MARKIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
T White WIDOWED DIVORCED	1020, 3, 1881 84 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during, most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	NORTH CAROLINA U.SA.
13. PATHER'S IVANIE	14. MOTHER'S MAIDEN, NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 170	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	chn underwood, Chery Chase, md
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	
Conditions, If any, which) DUE TO Britaria Aut	artie Cardo · Vasculy
gave rise to immediate cause (a), stating the underlying cause last.	desiral
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO M
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
Hour a.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	NA A COCH CONTROL OF THE COCH COCH COCH COCH COCH COCH COCH CO
21. I certify that (1) (this hospital) attended the deceased from	4-3, 1958, to 2-27, 1966, that Office last
	it death occurred at I A.M. from the causes and on the date stated above.
22a. SICNATURE	ATTENDING MED. STAFF 22b. DATE SICNED
22c, PHYSICIAN'S A STATE OF THE MAIN M.I.	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type) R. V. Bauer, m. P.	2513 Bucklange RN. Allelphe mil
23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	
Burial March 1, 1966 Ft Lincoln 24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Md.	2501 REC'D'BY REGISTRAR 2504 RECISTRAR'S SIGNATURE
	DATE



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	UZCUI U	EKTIFICALI	E UF DEATH	1		2771
)ī	PLACE OF DEATH			CE (Where deceased lived,		esidence before admission)
	Prince Georges	MARYLAND	a. STATE	b.	COUNTY	V
-		GTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL	and give nearest town)
	Glenn Dale (rural) 4	mo.10 da.	Washi	ngton, D.C.	4	, .
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	(lve street address)	d. STREET ADDRESS	9 7		6. IS RESIDENCE ON A FARM?
1	Glenn Dale Hospital		2013 Kearr	ey St., N.E	•	YES NO X
3	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year
_	(Type or print) Chester A.	Vince				9, 1966
15	6. COLOR OR RACE 7. MARRIED X NEV	ER MARRIED 8	B. DATE OF BIRTH	9. AGE (In y last birth		Days Hours Min.
	M MIDOMED	DIVORCED	2/26/1904	61	rs.	
d	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF B uring most of working life, even if retired) INDUSTRY	USINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign o	juntry) 12, CII	TIZEN OF WHAT UNTRY?
	Laborer		Greensvill	e Co., Va.	US	Α
1	3. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME		
	Agustie Vincent		Prince A	lice ??		<u> </u>
ď	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S fes, no, or unknown) (If yes give war or dates of service)	SECURITY NO. 17.	INFORMANT	A	ddress	
	no 7		Decedent			
	18. CAUSE OF DEATH Enter only one cause per line for (a					INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Tubercul.	ous mening	itis			unknown
	002/ DUE TO					
	Conditions, If any, which					
	gave rise to immediate cause (a), stating the DUE 10 Tubercul	osis of th	e spine and	lungs with	bi-	_
z	underlying cause last. (c) lateral	ngoag ahac	esses	0		5 mo.
CFRTIFICATION	Carcinoma of prostate with me	tastases t	o the pelvi	s and spine	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1179	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBI	E HOW INJURY OCCU	RRED. (Enter nature o	finjury in Part I or Par	l li of Item 18.))
MFDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	factor	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or tov	vn) (Cour	nty) (State)
M.FD	Hour a.m. While Not at work at	While work				
	21. I certify that **(this hospital) attended the c	deceased from	9/29/ 1	9 65 to 2/9	<u> </u>	6, that (# (we) last
	saw the deceased alive on2/9/		death occurred at_	1:20, fAM the car		
	22a. SIGNATURE		ATTENDING -	MED STAFF	22b. DA	ATE SIGNED
	Use Wen.	M.D	. PHYS.	DIRECTOR PHYS.	2/9/	66
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	W	a1 =	1
=	Moe Weiss, M.D.			e Hospital,		
23	DEMOVAL (Specify)	NAME OF CEMETERY	UR CREMATORY	23d. LOCATION (C	ty, town or cou	nty) (State)
-	4. FUNERAL DIRECTOR	MILEEN ADDRESS	1 25a. RE	C'D BY REGISTRAR 25	D. REGISTRAR'S	S SIGNATURE
['		-15 Th S.E			and a	
	Jacal Barres #17-	19 - 0,0	· D.C, DEEB	17 1966	Michaels	a judge

VR A15 (4) 1/65



VR A15 (4) 20M 1/65 DIVISION OF STATISTI

	MARYLAND	STATE DEPA	RTMENT OF	HEALTH		
CAL	RESEARCH A	ND RECORDS, 30	11 W. PRESTOI	N STREET, B	RALTIMORE 1	MARYLAND

1 0	2008			CERTIF	ICATI	E OF E	EATH			()	277x .
1. PL	ACE OF DEATH COUNTY								deceased lived, If in	stitution: Residenc	e Defore admission)
		Prince Ge	-	MAR	YLAND	a. STA	JE Mary	land	b. COU	YM Prince	George'
b.	CITY OR TOWN	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR	_ `		orporate limits, wi	ite RURAL and g	lve nearest town)
Se	abrook	. pid.						rook	, Md	4	. /
1		PITAL OR INSTITUTIO	N (if not in ho	spital, give street	address)	d. STREET					e. IS RESIDENCE ON A FARM?
		Mazzoni	avenue			9600	Maz	zoni	avenue	1	YES NO X
(Ty	CEASED pe or print)	Russe.		C. Middle	Wac			4. DAT OF DEA	тн Fel	b 11	, 19 66
5. SE		6. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED 🗍 🖔	B. DATE OF		i	 AGE (In years last birthday) 	Months Days	Hours Min.
mal		white	WIDOWED	DIVORCE	B	ec 18			71 yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ION (Give kind of work ng life, even if retire	done 10b. Kil d) INI	ND OF BUSINESS O DUSTRY	R	11. BIRTH	IPLACE (Co	unty & Sta	te, or foreign country	() 12. CITIZEN COUNTR	OF WHAT Y?
	etired	salesman	Au	tomobile	s				rginia	U. S	. A
13. 17							ier's Maid e rva		hingham		
15 10/		m C. Wade	000000 1 10 0	OCIAL SECURITY N	0 1	INFORMANT		⊅u(
(Yes, no	o, or unkown)	(If yes give war or dates o	framion)	9 03 515		irace		_	Addre		2
Ye		W W 1			- 1	race	ri nau		Seabrook		al Land Toronto
18.		DEATH [Enter only on ATH WAS CAUSED BY		ie for (a), (b), and	(c).]		7	mark	1 m. L'		ERVAL BETWEEN SET AND DEATH
1 1		IMMEDIATE CAUSE		Xhai	ist.	con	- 0 /	race	runn	Ma C	-100
	(50) Inditions, If it we rise to	any, which }	TO (b)	aap	Cer	20/2	ha	eju	NC	3_	mo
ca	use (a), st derlying caus	ating the DUE	10 mg	Juste Su	si	, 70	La	len	20		
CERTIFICATION ON ON ON ON ON ON ON ON ON ON ON ON O	RT II. OTHER Š	IGNIFICANT CONDITION	ONS CONTRIDUT	TING TO DEATH BUT	NOT RELA	TED TO THE T	ERMINAL D	ISEASE CO	ĮĮ DITION GIVEN IN	,,,,,,	WAS AUTOPSY PERFORMED? ES NO SE
OR (IF	a. ACCIDENT CONTRIBUTI EITHER, NOT	WAS UNDERLYING DAMES OF DEA	TH NER) 20b. DI	ESCRIBE HOW INJ	URY OCCU	RRED. (Ente	r nature of	injury in	Part I or Part II (of Item 18.)	
MEDICAL	Hour a.n		While	JURY OCCURRED	20e. PLAI factor	CE OF INJUR ry, street, off	Y (Home, fa ice bidg., et	rm, 20f.	(City or town)	(County)	(State)
Ž	р.п		at work					55.	7	1	1 ((1) () ()
		y that (I) (this hos	oltal) attende			double was		25	from the causes		hat (I) (we) last
22	saw the dec	ceased alive on		1900	and that	death pcci	orsed atz	IVI,	nom the causes	22b. DATE S	
	200	wAn-	Dula	(18m	7 M.D	ATTENDI	NG P	MED. DIRECTOR	STAFF PHYS.	7-11	66
22	PHYSICIA NAME (Ty		NO, V	VATKI	VS	22d, Al		ans	rapul	s Pel	mil
23a. E	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY	ORICHEMAT	ORY	23d.	LOCATION (City, t	own or county)	(State)
F	REMOVAL (Spe Burial	Feb 14							Arlington		inia
24. F	UNERAL DIRE	CTOR	•	ADDRESS	· · · · · · · · · · · · · · · · · · ·			D BY RE	GISTRAR 25b. R	EGISTRAR'S SIG	NATURE
T.	. Gasc	h's Sons	Hyatts	ville, Mo	d.		DATE	15	1939 30	Traveley &	udie



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in be the functioned director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Tapp 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSTITEL OR EXECUTE HAYSICEN: The law minims that the death certificate De executed within 24 hours Page 4 may be retained by the hospital or attending physician.

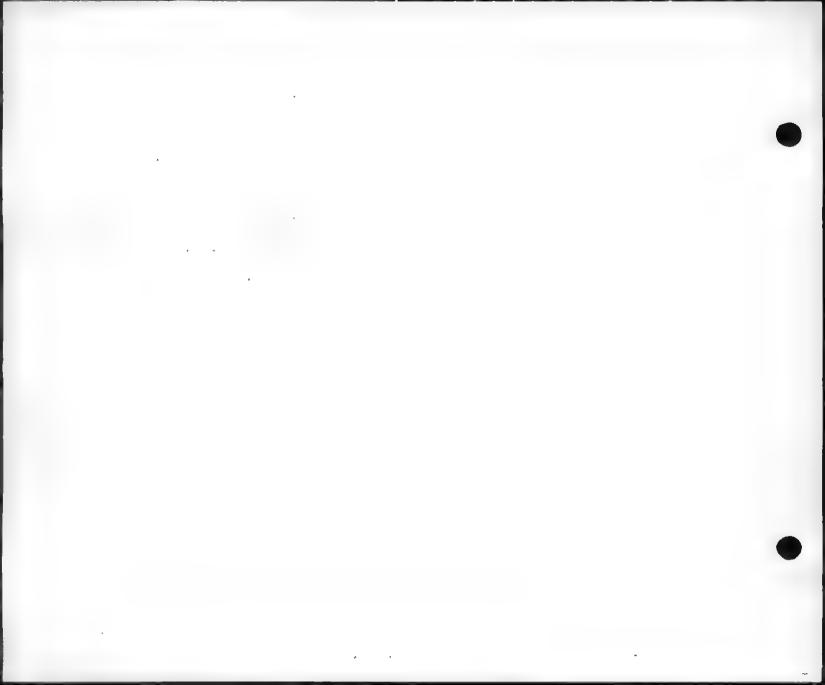
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince Georges	e. STATE , , C b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
Write Rural and give nearest town)	C. CITT OR TOWN (IT OUTSIDE COMPORATE MILES, WITH RORAL ONG SIVE HEAVEST TOWN)
Glenn Dale (rural) 3yrs.,7 mos.	,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
Glenn Dale Hospital, Glenn Dale, Md.	No fixed address ON A FARM?
3. NAME OF First Middle	Last 4. OATE Month Day Year
DECEASED (Type or print) Ollise	Warner DF 2 23 1966
T. WARRIED THE PER INVENTED A	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS.
	1/17/1911 S4 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Odd Jobs	Aurora, N. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Warner	Nancy ??
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No 240-12-2437	Decedent
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Recurrent pulmona	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: RECUITENT DULMONA IMMEDIATE CAUSE (a) Sudden massive pu	ry embolism with probable ONSET AND OFATH
1/10 4	Imonal y embolibin
Conditions, If any, which \	
gave rise to immediate	
	sease with mitral stenosis and
	cy, decompensated unknown
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA POLICY AMPULTATIONS, T	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY emo Le. below-knee left, and Performeo?
191 Syme's amputation right secondary to	hilateral cangrene of feet. YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE STATE OF THE STAT	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work at work at work at work	ry, street, union nog a etc.)
21. I certify that *Modthis hospital) attended the deceased from 7	/25/8:41962 to2/23/, 1966_, that ATF (we) last
saw the deceased alive on 2/23/ 1966 and that	death occurred at P M, from the causes and on the date stated above.
22a. SIGNATURE //	22b. DATE SIGNED
Mot Wen M.D	ATTENDING MED. STAFF 2/23/66
22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospital
Mame (Type) Moe Weiss, M. D.	Glenn Dale, Md.
23a. BURIAL, CREMATION, 23b., OATS THEREOF 23c. MANE APTEMBLES	ON TREMPSONY 23d LOCATION (City.) town or county) (State)
Removal 1/0/00	Washington, B. Ol
24. EUNERAL DIRECTOR ADORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Cart + cuplett	OATMAR 10.1968 Icharles Judge



	SZELV	,	MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	(1)	2779
	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE o STATE	(Where deceased live	d, if institution: Reside	nce before admission)
		e George		MAŔ	YLAND	Md.	Pr	ince Georg	76
	b (ITY OR TOWN (f outside corporate limits q ve nearest town)	s,	c LENGTH OF STAY	1N 1b	C CITY OR TOWN (f	outside corporate limit	s, write RURAL and give	ve nearest town)
		Cheverly		DOA			svile		,
	d NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital, g	ive street oddress)		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
_		ce George (5009 40	oth Place		YES NO 🔀
	NAME OF DECEASED	F	irst	M ddle		Lost	4 DATE OF	Month	Doy Year
	(Type or print)	6 COLOR OR RACE	Tima.	Kathr		Warren B. DATE OF B RTH	DEATH 9 AGE (2 FUNDER	18 19 66 21 YEAR FUNDER 24 HRS.
)	3E A		7 MARRIED WIDOWED	NEVER MARR E		23 Mar., 19	oca lost	oirthdoy) Months	Doys Hours Min
100	TIS ALL DEC PATION	[G ve kind of wark done		ND OF BUSINESS OR	יי עו	11 B RTHPLACE (Stot	: 02		ITIZEN OF WHAT
	ing most of working			home		Washingt			OUNTRYA
13	FATHER'S NAME		7			14 MOTHER'S MAIDEN			
		ornelius				Emma	E. Stuber	ner	
		R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	OCIAL SECUR TY NO		NFORMANT		Address	
311	no	To Joseph Market	1		E	ileen Beav	ers i	lyattsvil	le, Md.
	18 CAUSE OF DE	ATH (Enter only one co TH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE		Acute pr	ulmon	ary edena			Ottoer Filip Death.
	Conditions if ony, which gove) Acute barbiturate intoxication								
	rise to immediate	e couse (a), (nut	(b)	Acute o		7410,30 1110	OXIOG GLO.	•	
	stating the under	rlying couse	(t)						
ATION	PART I OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO 1	HE TERM NAL DISEASE CO	ONDITION G VEN IN PA	ART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200 EXTERNAL CA PRIMARY (A) or COM	USE WAS NTRIBUTING 🗀				(Enter noture of in cry in		tem 18)	
CAL (CAUSE OF DEATH	RY Manth, Day, Year		HIBY OCCUPATO	1 20. 2.6	CE OF INJURY (Home, for		or town) (Co	(Stote)
MEDI	unk Hour our		56 While of work	Not While	fact	To thee off ce blog et	() Hyattsv	ille Pr	Geo. Md.
	21 Lecrtify	y that I took charg	e of the rem	ioins described a	bave, he	ld an Autapsy 💂	, Inspection 💂	, Inquiry 🕞	ond in my opinion
	death result	red from: Naty	od causes], Accident 🗌], Saic	ide 🔼, Hamicid	e 🔲, Undeter	mined monner [
	ACTUAL	1 4	<i>'</i> /<				L EXAMINER		22. DATE SIGNED
	SIGNATURE	Mark	1/1.	me		Rt D	DICAL EXAMINER		
	EXAMINER'S NAME (Type)	John K	ehoe, M	.D. Rive	rdale		CAL EXAMINER to coun	ify)	2-19-66
	BUR AL, CREMATIO			23c NAME OF CEN			23d LOCATION	(City or Town)	(County) (Stote)
	off Compine		1, 1966		od Ce	emetery	Washin	gton D. (
24	F. Ga	sch's Sons	s Hyat	tsville,	Md.	2So REC	D BY REGISTRAR 2 2 3 1006	256 REGISTRAR'S	SIGNATURE - Judge

VR A15ME (5) 6M 1/66

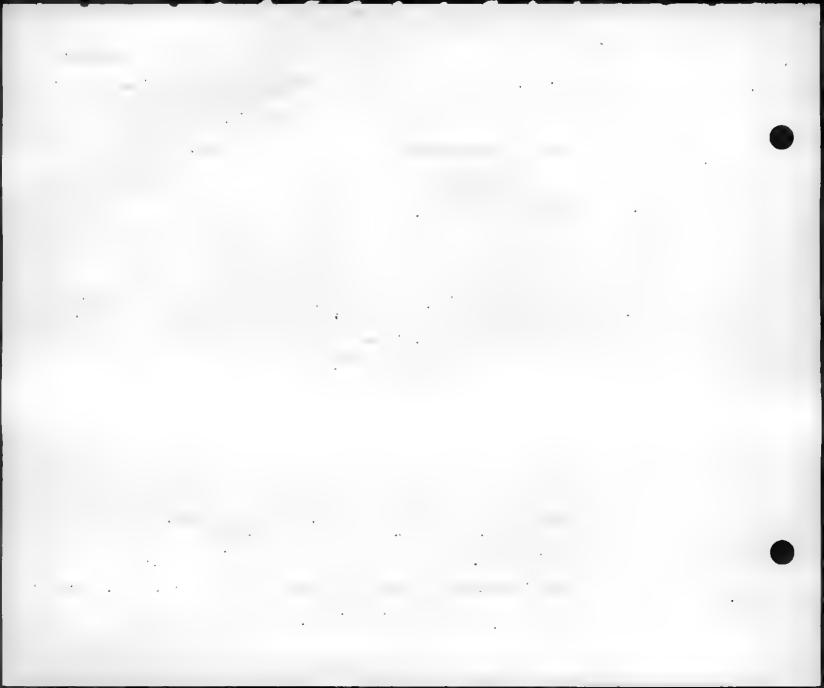


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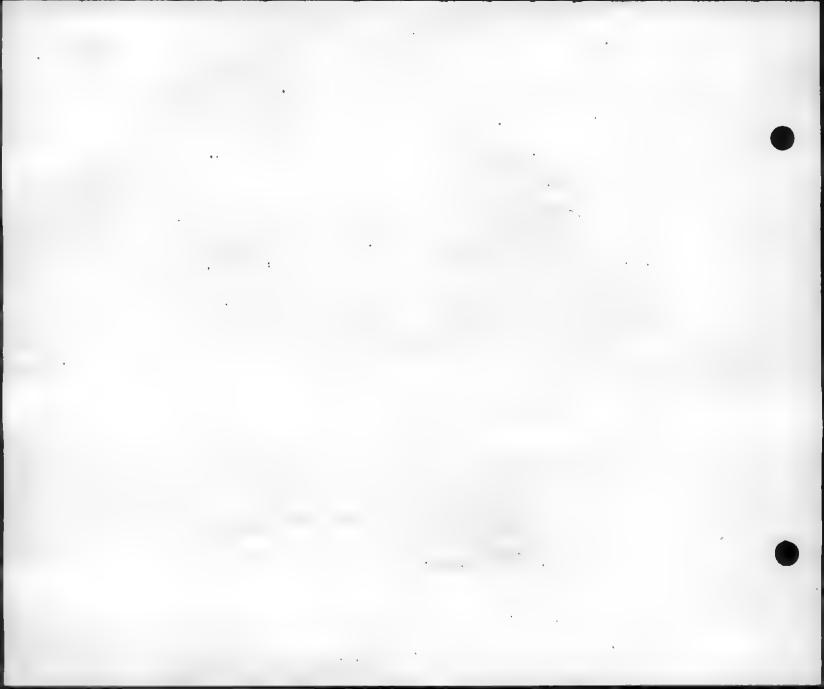
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Н			GERTIFICA	TE OF DEATI	Н	02	780
ł	1. PLACE OF DEAT a. COUNTY	H		2. USUAL RESIDEN	VCE (Where deceased liv		esidence before admission)
ı		George's	MARYLANI	a. STATE Maryla	and	Prince G	enngels
ľ	b. CITY OR TOW	'N (if outside corporat	e limits. c. LENGTH OF STAY IN				and give nearest town)
	Chever	and give nearest tow	") 4-1/2 days	Brandy	wine		
ľ			N (if not in hospital, give street addre	ss) d. STREET ADDRESS			e. IS RESIDENCE
1		George's	General Hospital	Box 19	91, Route 3	3	ON A FARM? YES NO
ľ	3. NAME OF DECEASED	Fir	***************************************	Last	4. DATE	Month	Day Year
	(Type or print)		tty Jane	Watson	DEATH	February	1 1966
ı	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Days Hours Min.
1	Female	Negro	WIDOWED DIVORCED	3/9/35	30	yrs.	
ł	10a. USUAL OCCUPAT during most of work	ION (Give kind of work of ing life, even if retired	done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreig	on country) 12. Cl	TIZEN OF WHAT
	House	work	0 € - 1	WEST	wood	11/3	
ı	13. FATHER'S NAM	E ,	4 1 /	14. MOTHER'S MAI	DEN NAME	(1)	
	W166.1	dry 13.	Watson	11/3,	11, 6	roy	
	15. WAS DECEASED (Yes. no. or unknwn)	EVER IN U.S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	1- 1	Address / 4	rdywino-
ı	10		1600	William	Bulgats	04	Mi
1	18. CAUSE OF	DEATH [Enter only one	cause per line for (a), (b), and (c).]			1	INTERVAL BETWEEN
1	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	Hepatic Failure				ONSET AND DEATH
ı	1	Y DUE 1	Acute Vellow Atm	ophy of the	Liver		
ı	Conditions, if	any, which	(b) Infectious Hepat	itis??			
ı	gave rise to cause (a), si	Immediate ((-)				
ı	underlying caus	o lost	(c)				
	PART II. OTHER S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	IGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
	I GAI						PERFORMED? YES KX NO
	20a. ACCIDENT	WAS UNDERLYING THE CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature o	of Injury in Part 1 or	Part II of Item 18.)
		TIFY MEDICAL EXAMIN	iER)				
		INJURY Month, Day, Y		LACE OF INJURY (Home, f	farm, 20f. (City or	town) (Cou	nty) (State)
	Hour a.n		White Not White at work	ctory, street, office bldg., (etc.)		
ľ			ital) attended the deceased from.	Jan 27 I	19.66 to Feb	1 19.6	6 that 4) (we) last
ı				hat death occurred at 2			
ı	22a. SIGNATUR	RE (1)	h .			22b. D/	TE SIGNED
ı	Carrelina	(taredes	Laulapis, M.D.	M.D. PHYS.	MED. STA	s. kok 2.	-1-66
ı	22c. PHYSICIA NAME (T)	ma)	_ (10'	22d. ADDRESS			
	(4)	Carolina	Paredes Manlapaz,	MD Prince Ge	eorge's Ger	11. Hosp.	Cheverly, Md
	23a BURIAL, CREM	ATION, 23b, DATE THE	HEREOF 23c., NAME OF CEMET	ERY, OR CREMATORY	23d. LOCATION	(City, town or cou	nty) (State)
	Duria	1100,1	,1766 01. VE	1675	Mara	07 17	///4,
	24 FUNERAL DIRE	+ Human	House Tracker &	25a. RE	EC'D BY REGISTRAR	25b. REGISTRAR	S SIGNATURE
	all atom	of I waster I and		7 PATE	- 1 : 1	4	-U-U-



1 ,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ΙΔΡΥΙ ΔΝΠ
Li For Li	92812 CERTIFICATE OF DEATH	81
hours after death in by the funeral rs. Pams I and rs. Powers after death	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY	esidence before admission
after the after after	Frince George b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO MARYLANO MARYLANO C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
in by s. Pal	Gollege Park Riverdale College Tark	11-1
fille fille ran 724	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS SOO2 51st Ave.	B. IS RESIDENCE ON A FARM? YES NO X
be executed within cier and completely see remove marbom in in any event, with	3. NAME DF First Middle Last 4. DATE Month	Oay Year
ited withi completel ve marbo event, wit	(Type or print) at James 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years FUNDER	5 19 66 I YEAR I FUNDER 24 HR
and cemov	Male Colored WIDOWED DIVORCED May 13, 1883 82 / 3/ vrs Months	Oays Hours Min.
·	during most of working life, even it retired) INDUSTRY CO	TIZEN OF WHAT UNTRY?
phy phy all all	Retired Federal Government Maryland U: 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Briscoe Watts Elizabeth Collins	<u>SA</u>
certifica nding ph . The removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
that the death certificate sician. sician. ned by the attending phy sl-tramsit permit. The leaf, cremation, or removal, al	(Yes, no, or unkown) (If yes give war or dates of service) Maggie Watts-wife 8002 51st	Ave.
of the deal an. d by the al ramsit perr	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. EREBROVASCULAR ACCIDENT	INTERVAL BETWEEN ONSET AND DEATH HOURS
s that ysiciar gned ial-trai	3 / 3	
quires the physical physical physical signature of the physical control to buried to b	Conditions, If any, which gave rise to immediate (b) GET ARTERIOSCUERES(S	UNKNOWN
faw requires that tatending physician. A has been signed been signed been signed to be t	cause (a), stating the DUE TO underlying cause last. (c)	
it. The far al or att ficate he for use.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED?
2 +	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER))
PHYSICIA the hospi this cert Estache e Dept. of	20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work at work at work	nty) (State)
olne d by After a ba		6, that (I) (we) las
ATTENDING retained by CTOR: Afte should be with the Sta	saw the deceased alive on 15 FEE. 1966, and that death occurred at 8 A M, from the causes and on the	ne date stated above
DR be Sire 3 ed v	22a. SIGNATURE 22b. 01 ATTENDING MEO. STAFF DIRECTOR PHYS. 5	FEB 1966
	22c. PHYSIGIAN'S NAME (Type) 22d. ADDRESS	
TO HOSPITAL Page 4 may O FUNERAL d'imctor, pa	BURIAL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
201	Burial (Specify) 2/8/66 Carver Memorial Park Maryland 24. (UNERAL QUEETOR Stewart FungraplesHone 252. REG'O BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c. REGISTR	S SIGNATURE
VR A15 (4)	X John 1 Hewart down Denning ONTEE B 9 1966 in Carle	o Judge
20M 1/65	Rd n & Wish pl	D .= = =

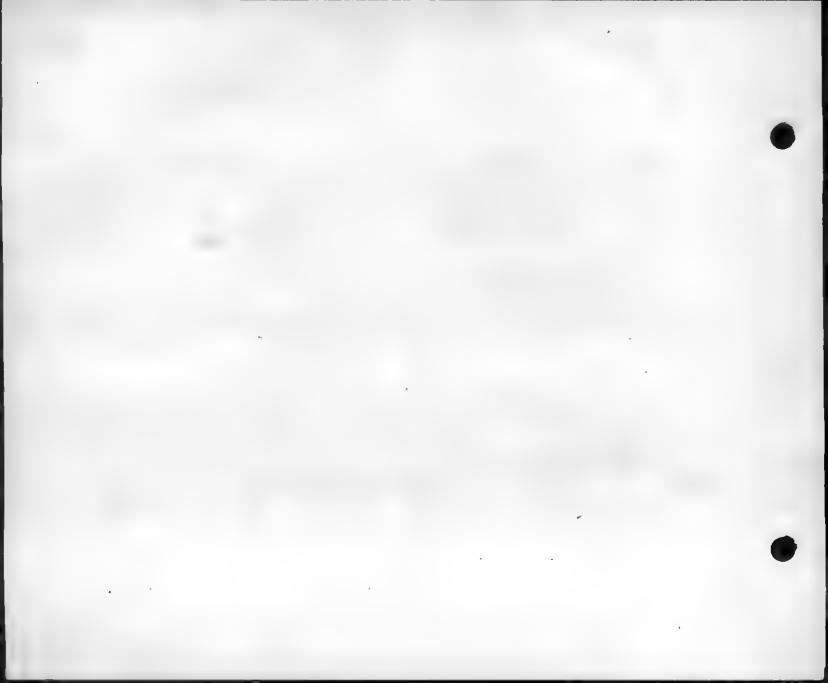


and completely filled in by the funeral emode carbon papers. Pages 1 and 2 and 2 and 5 any event, within 72 hours after death. hours after death. executed within TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the burial-transit permit. Then please thould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certillcate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 2013 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE MARYLAND GEORGE 'S PRINCE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
IDRENS AIR FORCE BASE c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 1 MONTH OXON HILL ANDREWS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS US ATR FORCE HOSPITAL YES NOK 6305 Dudley Ave

			1 0207		
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or prin	b LAURA LYN			DEATH 2	15- 194
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	. last birthday) la	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
FEMALE	CAUCASIAN WIDOWE		29 Aug 1956	9 yrs.	
during most of w	ATION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDUSTRY		ounty & State, or foreign country)	COUNTRY?
NA	N	A	F 2 . 2 . 2 . 4 . 4 . 5	В, /5 La	US US
13. FATHER'S N	AME		14. MOTHER'S MAID		
WILLIAM	THOMAS WELNICK		المستخدان المنطاب	MELIA PENNINGT	
	ED EVER IN U.S. ARMED FORCES? 11	6. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	\$
NO		NONE	FATHER	SAME AS # 2	
18. CAUSE	OF DEATH [Enter only one cause per	line fer (a), (b), and (c).]	0		INTERVAL BETWEEN ONSET AND DEATH
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 enatre	Jailler		011001 11110 001111
201	O DUE TO	2	, 1 , 6	, 0	
	If any, which (b)	reman 1.	Elean -	inhous	
	to Immediate DUE TO	0 4	0		
underlying c	ause last.) (c)				
PART II. OTH	RS.GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED?
, ICA					YES NO
PART II. OTHI	NT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	f Injury in Part I or Part II of	f (tem 18.)
	NOTIFY MEDICAL EXAMINER)				
S 20c. TIME		fact	ACE OF INJURY (Home, fa ory, street, office bldg., e		(County) (State)
20c. TIME (p.m. 19 at wo	e - Not while -			
	tify that (I) (this hospital) atten	ded the deceased from		· · · · · · · · · · · · · · · · · · ·	, 1966_, that (I) (we) last
	deceased alive on 15 Feb	1966, and the	at death occurred ato	700PM, from the causes	and on the date stated above.
22a. SIGNA	TURE (1) // An	ZL.	ATTENDING	MED. STAFF	22b. DATE SIGNED
	1/ luly	S Clive M	D. PHYS.	DIRECTOR PHYS.	July 19, 1966
	CIAN'S (Type) PHILLIP STEIN	ER, CAPT, USAF, MO	22d. ADDRESS USAF HOSE	PITAL ANDREWS.	ANDREWS AFB,
1	THE DIVIN				MD.
23a. BURIAL, CI	Specify) 10-/2/	23c. NAME OF CEMETER	OR CREMATORY	AP/INGTON (City, to	wn or county) (State)
24 FUNERAL D		ADDRESS	25a, REC	C'D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
WW C	AMMBERS 517	11757 5.6	OFF D	22 1000 1	one of Judge
			I UNITE D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0-0

VR A15 (4) 15M 4-64



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FOR STATE HEALTH DEPT

a within 24 hours after death 1f any detay is n pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death 14

necessory, please execute the certificate, writing the word "pending in penal in the funeral director. Page 4 should be forwarded to the Chief Medical Examiners

Office along with form PM3. Page

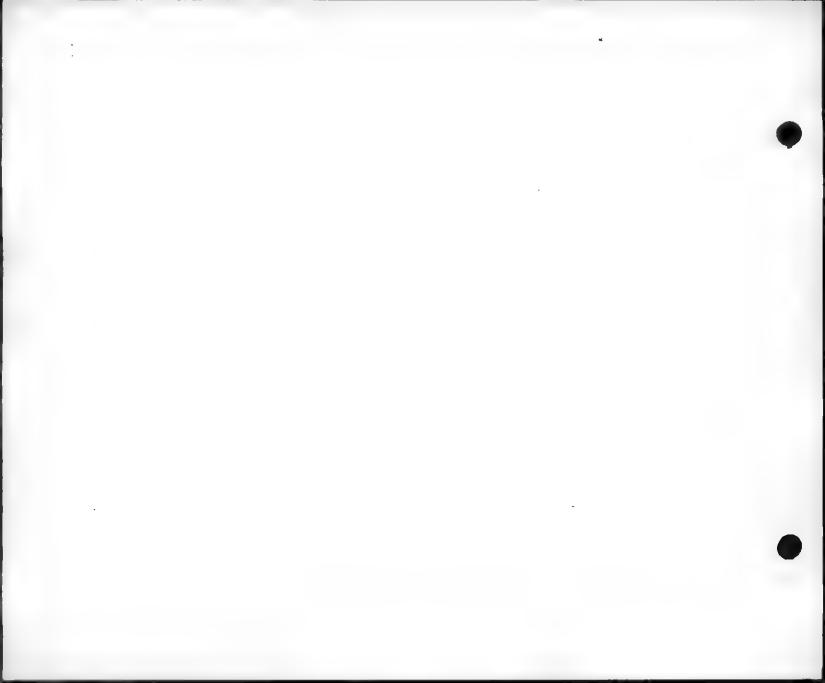
Jand 2 with the State Department of event with n 72 hours ofter death Health or its designated agent, priar to buriol, cremotion, or removal, and 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02814	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH !	2783		
1	PLACE OF DEATH			where deceased lived if institution. Reside			
	Prince George's		Maryland		George's		
	b CITY OR TOWN (If autside carporate 1 mits, write RURAL and give nearest town)	C LENGTH OF STAY N 1b	c CITY OR TOWN (If out	tside corporate I mits, write RURAs and giv	ve nearest tawn)		
	Riverdale	DOA	Hyattsvi	lle	,		
	d NAME OF HOSP TAL OR INSTITUT ON (If not no	hospital, give street address)	d STREET ADDRESS		e IS RESIDENCE		
	Leland Memorial Hosp	ital	7615 Muncy	Road PALMER PAR	ON A FARM? YES NO X		
3	NAME OF First DECEASED	Middle	L05‡	4 DATE Month	Doy Year		
	(Type or print) Cecil	Edgar	White	OF DEATH 2	11 19 66		
S		MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER			
	Mare durie		5-21-1905	last birthday) Months	Days Hours Min.		
di	o USUA, OCCUPAT ON (Give kind of work done iring most of working life, even if retired)	IOH KIND OF BUSINESS OR NOUSTRY	11 BIRTHPLACE (State	((IT ZEN OF WHAT DUNTRY2		
	GNSTRUTION WORKER	<u></u>	WIVIRG		1.5		
	3 FATHER'S NAME		14 MOTHER'S MA DEN N	ABBOTT			
L	WILLIAM WHI	TE	NEALY	ARBOI ,			
	S WAS DECEASED EVER N.U.S. ARMED FÖRCES? Yes, no. or unknown). (If yes give wor ar dotes of serv	100 m	NFORMANT	OD 170 Address ALS	AM PLACE		
1	res, no, or unknown) (if yes give war ar dates at serv	232 097598 MR	SJUDY F. HO	BOWIE N	(APVI AND		
	18 CAUSE OF DEATH (Enter only one couse pe			SOWIE	INTERVAL BETWEEN		
	PART 1. DEATH WAS CAUSED BY:	Heart failure			ONSET AND DEATH		
	IMMEDIATE CAUSE (o) _	110010 10011010			minutes.		
	Control for the second						
	rise to immediate (a ise (a)	Arterlosclerot	<u>sic neart al</u>	sease	unknown		
	stating the underlying couse		*				
	lost.) (c) _				1		
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?		
Iğ					YES 🔄 NO 🗌		
CERTIFICATION		206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in f	Port I or Port II of item 18 }			
MEDICAL	20c TIME OF INJURY Month, Day Year	1	CE OF NJURY (Hame, form		ounty) Martate)		
MEC	pm <11 1700	ot work of wark	ory, street, affice b dg , etc)	3907 Jefferson S	St. Hvattsville		
	21. I certify that I taak charge of	the remains described above, he	ld an Autapsy 🔀,	Inspection \mathbf{x} , Inquiry \mathbf{x} ,	and in my opinian		
	death resulted from. Natural co	/	ide 🗍 . Hamicide	Undetermined manner	7		
	1 1/		CHIEF MEDICAL				
	ACTUAL SIGNATURE	1 str	M.D. ASS STANT MEDI		22. DATE SIGNED		
	EXAMINER'S	/ /	DEPUTY MEDICA	L EXAMINER 🔀			
	NAME (Type) John Kehoe, 1	.D. Riverdale, Md	Address (Street,	Offy, town, or county)	2-12-66		
23	BO BURIAL, CREMATION, 236. DATE THEREOF			23d LOCATION (City or Town)	(County) (State)		
1	RINGIAL Specify) FER 16.1	966 White Com	closu	VAN W. Vir	ginia		
7	24 FUNERAL DIRECTOR	ADDRESS /	C. 2So RECD	BY REGISTRAR 2Sb REG STRAR 5	SIGNATURE		
1	V.W. Chambers Co	Tiverdale, N	ID, DAFEB	16 1966 Achian	es Judge		

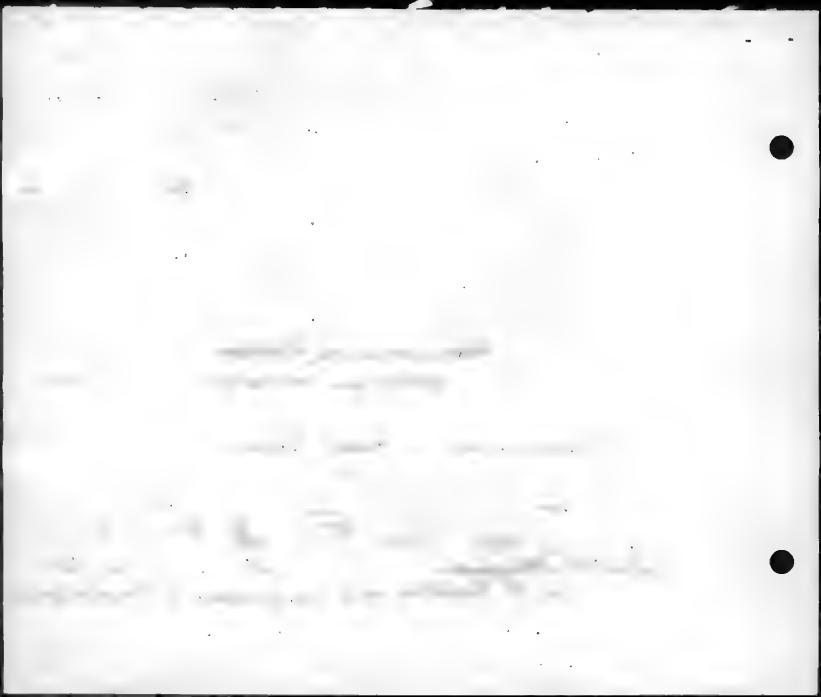
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

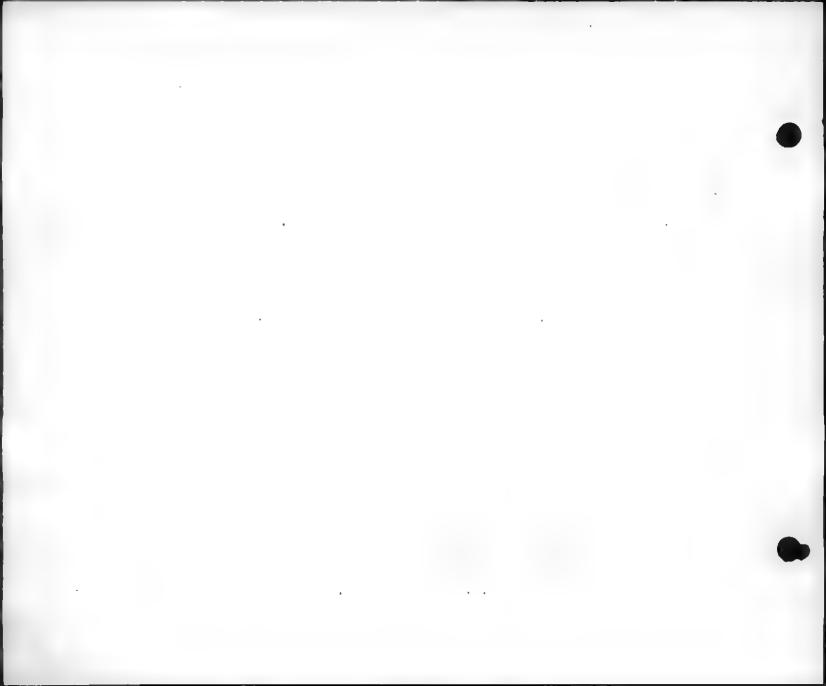
1. PLACE OF DEATH a. COUNTY				
	1		E (Where deceased lived, If institut	lon: Residence before admission)
Prince George	MARYLAND	a. STATE	b. COUNTY	Rockin ham
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENCTH OF STAY IN 10	c. CITY OR TOWN (If	outside corporate limits, write R	
Hillcrest Heights		Mount	Crawford	-
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
5115-25th Pl., SE				YES NO
3. NAME OF First DECEASED (Type or print) JEUJE	riid Ai	Last LBERGER	4. DATE OF DEATH E6.	10 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. ACE (In years IFU	NDER 1 YEAR IF UNDER 24 HRS. this Days Hours Min.
Female White WIDOWED P	DIVORCED	Nov. 10-1878	87 yrs. 3	iths Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (CO	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	A STATE	Rockinghan	Co. Va.	USA
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
William McKendree Sau	iflev	Josephine	Meyerhoeffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SI		INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	no Alms	a L. Chapmai	5115-25th Pl.,	SR
18. CAUSE OF DEATH [Enter only one cause per line			- // -/	INTERVAL BETWEEN
DART I REATH WAS CALISED BY.		Dalla	-	ONSET AND DEATH
IMMEDIATE CAUSE (a)	nocarcinon	na YANCE	(EN-7 C	
Conditions, If any, which \	20120-1	1 made	· MACIE	8 m0
gave rise to immediate	general 12e	d meta	174515	01110
cause (a), stating the DUE TO underlying cause last. (c)	O			
	ING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	T1(a) 19. WAS AUTOPSY
APREDIOSCIERO		2		PERFORMED?
ARTERIOSCERO	SCRIBE HOW INJURY OCCUP		Injury in Part I or Part II of ite	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			,,	244,
/ p.	URY OCCURRED 20e. PLAC	E OF INTHOVINORS for	m, 20f. (City or town)	(County) (State)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJ		E OF INTOK! (HOIIIe, IN	mild many fairly of sound	(Octate)
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While at work	Not While at work	y, street, office bldg., et	c.)	(outro)
20c. TIME OF INJURY Month, Day, Year 20d. INJ Rour a.m. p.m. 19 while at work 21. I certify that (I) (this hospital) attended	at work	y, street, office bldg., et	c.)	
21. I certify that (I) (this hospital) attended say the deceased alive on 2	at work the deceased from	y, street, office bldg., et	6, to 2/10	19 66 , that (I) (we) last
21. I certify that (I) (this hospital) attended say the deceased alive on 222. SIGNATURE	at work	y, street, office bldg., et	M, from the causes and	19 66 , that (I) (we) last
21. I certify that (I) (this hospital) attended say the deceased alive on 2/4 22a SICNATURE 20 7 Mugmon	at work	y, street, office bidg., et 15 , 19 death occurred at ATTENDING	to 2/10 PM, from the causes and	19 66 , that (I) (we) last on the date stated above.
21. I certify that (i) (this hospital) attended say the deceased alive on 2.	at work	y, street, office bidg., et 15 , 19 death occurred at ATTENDING	M, from the causes and	on the date stated above. DATE SIGNED
21. I certify that (i) (this hospital) attended say the deceased alive on 2. 14 22a. SICNATURE 22c. PHYSICIAN'S NAME (Type) LEO H. MUG	the deceased from 1966, and that	y, street, office bldg., et 15 , 19 death occurred at ATTENDING PHYS. D 22d. ADDRESS 27// (7A	M, from the causes and	on the date stated above. b. pate signed CCREIT Hapts No.
21. I certify that (i) (this hospital) attended say the deceased alive on 2. 14 22a. SICNATURE 22c. PHYSICIAN'S NAME (Type) LEO H. MUG	the deceased from 1966, and that M.D. M.D. 23c. NAME OF CEMETERY	y, street, office bidg., et 15 , 19 death occurred at ATTENDING PHYS. D 22d. ADDRESS 27/1 (7A) OR CREMATORY	ED. STAFF PHYS. 22 INTER ST. HIL 23d. LOCATION (City, town)	on the date stated above. DATE SIGNED CCREIT HATE MA
21. I certify that (I) (this hospital) attended say the deceased alive on 2. 1 22a. SICNATURE 22c. PHYSICIAN'S NAME (Type) LEO H. MUG 23a. BURIAL CREMAT ON, 23b. DATE THEREOF	the deceased from 196, and that	y, street, office bidg., et 15 , 19 death occurred at ATTENDING PHYS. D 22d. ADDRESS 27/1 (7A) OR CREMATORY	ED. STAFF PHYS. 22 INTER ST. HILL 23d. LOCATION (City, town)	on the date stated above. b. PATE SIGNED CCREIT HATE MA or county) (State) Virginia
21. I certify that (i) (this hospital) attended saw the deceased alive on 2 deceased a	the deceased from 1966, and that M.D. MON M.D. 23c. NAME OF CEMETERY Friedens Church	y, street, office bidg., et 15 , 19 death occurred at ATTENDING PHYS. D 22d. ADDRESS 27/1 (7A) OR CREMATORY	ED. STAFF 22/10 PHYS. 23/10 the date stated above. b. PATE SIGNED CORET HATS MA or county) (State) Virginia	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of sicred and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 30] W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o STATE USUALIT . b COUNTY PLACE OF DEATH o COUNTY delay is and 3 to M3. Page District of Columbia MARYLAND Prince George's Deportment c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (It outside corporate limits, c LENGTH OF STAY IN 16 2, u. P.M3. write RURAL and give nearest town) Washington// Riverside. California DOA Riverdale e IS RESIDENCE ON A FARM? d STREET ADDRESS 27 Ott wa Ave. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) farm US/S6Idiers/Roce Leland Memorial Hospital YES NO X Item 18. Give Poges with 3 NAME OF Middle 4 DATE Month Doy DECEASED (Type or poot) ilson Ellsworth DEATH olong 1 Dewev IF LINDER 1 YEAR IF .. NDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARR ED lost birthday) Months Days Hours Min. D YORCED WIDOWED 17 Oct. 1898 White Male Office evenf 100 USLAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) **COUNTRY? INDUSTRY** Aircraft Inspector in pencil in l Examiner's (GNY Twining, Michigan USA poges in any 14 MOTHER'S MAIDEN NAME This certificate should be executed within Rosella M. Steward Lewis W. Wilson ⊑ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT &ddress word "pending" in the Chief Medical B permit. (Yes, no, or unknown) (If yes give wor or dates of service) removal, Records, U. S. Soldiers' Home 557-40-4612 Yes WW II. Korea INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Heart failure Ö, e, writing the word forworded to the Ch cremotion, DUE TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease rise to immediate couse (o), DUE TO 0 stoting the underlying couse last. used os burial, 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, NO Z ogent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 3 should PRIMARY ☐ or CONTRIBUTING ☐ should CAUSE OF DEATH. 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) 20c TIME OF INJURY Month Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page of work of work 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection oc. Inquiry 30, ond in my opinion the funeral director. 5 may be retained death resulted fram Natural causes . Accident Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER O DEPUTY 5 may be TO FUNERAL Health or **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 2-14-66 Address (Street city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Jown) 23o. BURIAL, CREMATION 236. DATE THEREOF REMOVAL (Specif-Preston-Rasmussin Mortuary Riverside, California 2/16/66 Removal 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15ME (5) U. S. Soldiers' Home 6M 1/66 Daniel J. McAmis

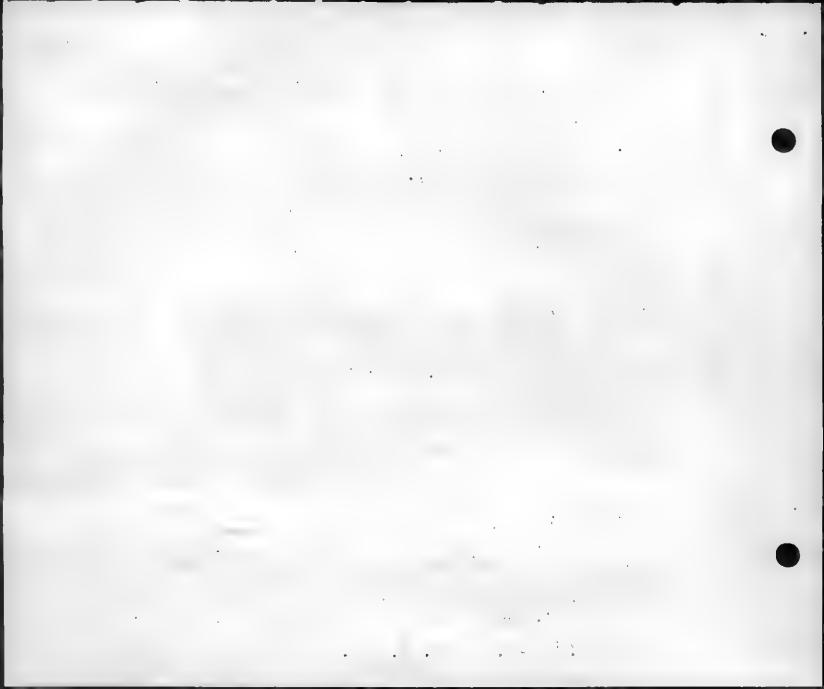
Washington, D. C.



executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. for mospital ar attending physelical The lam requires that the limith certificate be, Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	المالية المالية	ă .			GERTI	FIGATI	t of L	JEATH				- (),	A 11 0	t d
1.	PLACE OF DEAT	Н						RESIDENCE (Where deceas	sed lived, If in	stitution: I	Residence	before at	imission)
	PRINC	r cros	RGE S		M	ARYLAND	a. STA	LAND		PRINC	E GE	ORG:	ets	
	b. CITY OR TOW	VN (if outside	corporate li	mits,	c. LENGTH OF S			TOWN (If out:	side corpoi	ate limits, w				st town)
ΔΝ		and give nea AIR FO		BASE			מסצח	HILL				11		1
, EJI	d. NAME OF HO				spital, give stree	t address)	d. STREET					-	. IS RES	
110	S AIR F	ORCE H	HOSPIT	Δ ΙΔ	NDREWS		5230	Rinol	htrond	Driv	e. S	F,	ON A I	NO X
	NAME OF	VICL L	First	дц д	Middle		Last			Mont		Day	Yea	
	OECEASEO (Type or print)	SLAT		RUCE	XXXXXXXXXX	Ţ.	MOOD		DF	EBRUA		21	19	66
5.	SEX	6. COLOR O	. 021		NEVER MARE		B. DATE OF	BIRTH	10 0	CF (In years	LIEUNDES			-
- 1	MALE	CAU		VIDOWED [DIVOR		29 NO	7 1909		ast birthday) 5 Gyrs.	Months	Days	Hours	Min.
108	USUAL OCCUPAT	I ION (Give kind	d of work done	e 10b. KI	ND OF BUSINESS			PLACE (County	y & State, or		y) 12. C	ITIZEN	OF WHAT	
dur	ing most of work	ting life, even	If retired)	IN	DUSTRY		Came	ion C	o o mari	2	C	ountry US	7	
13.		<u>Retire</u>	2 (I	US	Navy		Gord	ER'S MAIDEN	eorgi NAME	. d		03	-	
71	ADDTO II	000					TINTICATO	\T.7\T						
	ARRIS W		RMED FORCE	S? 16.5	SOCIAL SECURITY	NG 17	UNKN(JWN		Addre	iss .			
(Ya	es, no, er unkown)	(If yes give war	r or dates of sem	rice)				4 TT	11.0	714414				
_	YES	1927-			7-91-46		FE SAI	1E AS	#2) (Ner	RVAL BE	DATES
		EATH WAS CA	HEED DV.		ne for (a), (b), an								ET AND	
		IMMEDIATI	E CAUSE (a)_	CARD	IAC ARE	REST						-		
	Town in	/	DUE TO	MSZOO	ADDTAI	TATEAT	OPTO	T						
	Conditions, if gave rise to		(b)_	MIUC	ARDIAL	TMLW	KCITUI	A				-		
	cause (a), s	tating the	DUE TO											
×	underlying caus		(C)	CONTOLDU	TING TO DEATH BI	IT NOT OF LA	7FD 70 7HF 7	COMMINIAL DIOP	ADE ODNO IS	HONOUVEN IN	DADT I/A	119.	WAS AL	TODEV
AT10	PART IL OTHER	SIGNIFICANT C	CHOLLIGHT	CUNTRIBU	TING TO DEATH BE	JI NOI KELA	IED IO INE I	EKMINAL DISE	ASEGUNDII	I KOU GIAEU IU	IPARI 1(a)		PERFOR	MED?
FIC	00-100-00-00-00-00-00-00-00-00-00-00-00-	MAG (MICE)	VINO C	l col D	50001DF 11011111	Think neath				A			s K	NO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING [CAUSE	OF DEATH		ESCRIBE HOW IN	UURY OCCU	KKED. (Entel	. nature of infi	ury in Part	1 or Part II	of Item 18	5.)		
CAL		INJURY Mon	th, Day, Year	r 20d. IN	JURY OCCURRED	20e. PLA	E OF INJUR	Y (Home, farm,	20f. (C)	ty or town)	(Co	unty)	(5	State)
MEDICAL	Hour a.i	m. m.	19	White at work	Not While at work	Tactol	ry, street, on	icebldg., etc.)						
	21. I certif	iy that XXXII	his hospital) attende	d the deceased	from	LO MAR	, 19_6	24, to	27 JAN	, 19 <u>6</u>		at ^X (I) (v	
		ceased alive	ол 27 Ј	JAN	/ 19 66	., and that	death occu	irred at 🕽 😅	₩, from	the causes	and on t	the date	e stated	above.
	22a. SIGNATU	RE _	3,,,	. al	100.1		ATTENDI	vc Que	45AM	STAFF -	22b. [DATE SI		
	10	* ·		MI	ney	M.D	. PHYS	DIRE	ECTOR _	PHYS.	1 21	FE	B 66)
	NAME (T	ype)		V				DDRESS	* T 1 7 1 7		77.10			
23a	ROBERT BURIAL, CREM	MATION, 23b.	DATE THE	REOF	23c. NAME OF	ISAT I	OR CREMAT	ORY I	23d. LOCA	TION (City, t	own or co	unty)	(SI	ate)
	REMOVAL (Sp. Buria)	ecify) Peb			Arlingto								,	
24			4.		ADDRESS		\	25a. REC'D		_	EGISTRAR			
S	immons Br			Hone	RD. SE.	Wash-	-DC	MEB 2	3 199	00 6	1 se M	()	.1.5	
-							300	DHIRT D	(L)[]	100	2- 2-1	37 1 2	1	



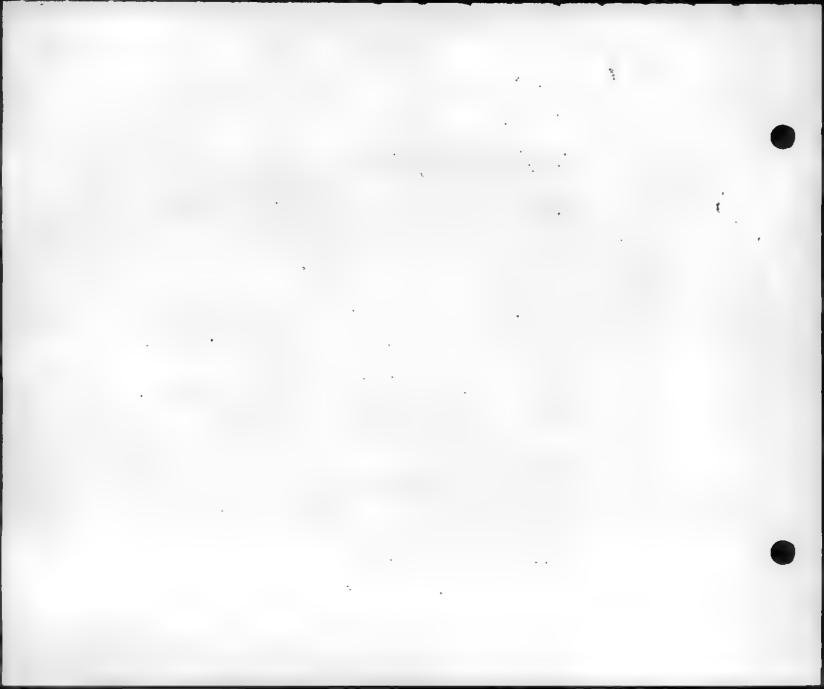
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please from carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death mertificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

02213

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, It institution; Pesidence helore admission)
a. Country	a. STATE D. COUNTY
MARYLAND	1/1d Trince Kec
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RUTAL and give nearest town)	000
(linton /ho.	Clinton
OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0 0. IS RESIDENCE
A CO A Street address)	ON A FADAGE
Ao Ma Hand to least	
The respective cincer	Ja / Judget 11 d YES NO W
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
DECEASED	and watch DF 9 Am 1/
(Type or print)	000 PATE DEATH X - 27 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MI O	Q 1 4 2 , last Wirthday) Months Days Hours Min.
18/11/2 WIDOWED DIVORCED	7-21-21 44 vrs.
10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	
during most of working life, even if retired) NDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	06 1 - 7 0.6 38
-dalesman Jusurance	Washing to a la s. ll.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
V+ 1 C 21 1 11	P . P . T
sky by & Woodsull	House Carles.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 30CIAL SECURITY NO. 1 17.	INFORMANT Address
(Yes, no, or unkown) ((If yes give war or dates of service)	THE ORDINATE OF THE PARTY OF TH
"TIS 211 W. TI YOU. IT	1.2/ / 11/ 7
	da Nocobrull Hans as
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	included to the supplies of the
1	
DUE TO	3n-
Conditions, if any, which (b)	and all of the
gave rise to immediate	
cause (a), stating the DUE TO	0, 500 000 000 000 00000000000000000000
underlying source test	the the the way to be the
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DESCRIBE HOW INJURY OCCU	
TA:	PERFORMED?
	YES NO
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING DEAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
E Hanne - facto	ry, street, office bidg., etc.)
Hour a.m. While Not While	7) Street, or new old graves.
p.m. 19 at work at work	day
21. I certify that (I) (this hospital) attended the deceased from	Flower 1965 to Feb 21, 1966 that (1) (we) last
-1 1 (2)	
saw the deceased alive on a first 19, and that	t death occurred av. 29M, from the causes and on the date stated above.
22a. SIGNATURE	1 22b. DATE SIGNED
111111111111111111111111111111111111111	ATTENDING MED. STAFF
- The Marine	DIRECTOR PHYS.
22c, PHYSICIAN'S	1 22d. ADDRESS
NAME (Type) / // (12/17)	Bell Fill - I may
MCPICLD X. LAST	IN/ Clarker Mary Clast
224 CRIDIO OPPHATION LOSS DATE THEOROTE LOSS WILLIAM	Ton control of the co
232 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Recorded 2-2-16 11-1-7	15-1 - 1 1 Sali + 1/1
2) CHARDA DIPOND	16 ceres alleng co, orghie
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
end I so to tillex ar	12 / DALLIN 2 1000 Pollanto Vector
W. W. Chambelle, E. C 21/ 11/11/27 28. 4	V-N-W-KJANAK A (JOD)



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTI	ATE		DEA	TI
CERII		L JE		ч.

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	02013	CERTIFICATE OF DEATH	Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY O. COUNTY O. COUNTY	### 2. USUAL RESIDENCE (Where dece o. STATE ary land	b. COUNTY
	b. CITY OR TOWN (Routside corporate fimils, write c. L	117 D	Pr. Geo.
		4 months 4200 Nov	interest Verint
1	d. NAME OF HOSPITAL (If not in haspital, give street oddr. OR NSTITUTION		e IS RESIDENCE
	4200 - Kaywood Dr.	(CLPT T!)	ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Christine ling.	Middle Wood Light 4. DAY	
	5. SEE 7 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years UE ONDER 1 YEAR IF UNDER 24 HRS lost birthyloy) Aonths Doys Hours Min.
	tomale Wille (WIDOWED)		J 7 years
	10a USJAL OCCUPATION Give kind of work done 10b, Affice during roof of working ife, even if refired)	DOF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign	gn country) 12,CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME	14, MOTHER'S MAIDEN NAME	- 1, 1
	Thomas W 2) antmyer	Emma Lec	ECKAPT
	15 WAS DECEASED EVER IN U. S. ARMED FORCES 16 SOCI	P-66-4414 Recea Wording	ad 12th Andin
	18 CAUSE OF DEATH [Enter only one couse per line for	r (o), (b), and '(c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	diac arrest	01321 010 02013
	4550 DUE TO	1	n 1
	Conditions, if any, which by formans	must cochefed of giner	alized
	couse (a), stoting the <u>under-</u> lying couse lost.	rterioclerous with or	nycardiles
	PART II. OTHER SIGNIF CANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	FASE COND TION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED (Enter noture of injury in Port I or	Port II of Item 18.]
	- · · · · · · · · · · · · · · · · · · ·	RY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, 1) Factory, street, office bidg., etc.)	(C'ty or town) (County) (Stote)
	Mour o.m. 19 While of work	Idol Mille	
	21. I certify that lattended the deceased f	fram 1935 , 19 , tax 3 tx	1966that I last saw the deceased
	alive an 2.57 July 196	A ()	om the causes and on the date stated above.
	ACTUAL Thurse Potatting	1 Mal 9700 V'L	S (Street, city or. town, stote) DATE SIGNED
	SIGNATURE A MANAGEMENT	1 MO. NACE ARCE	12 15 1 1 1 2 1 1 1
	NAME (Type) Thans	offingly, M.D. Wasi	6.DC.20018 25 teb-66
	220 BURIAL, CREMATION, 22b DATE THEREOF 220 REMOVAL (Specify)	NAME OF CEMETERY OF CREMATORY 22d LC	OCATION (City, town, or county) (Stote)
	Cremation 2/28/66		olmar manor, Md.
1	23 FUNERAL DIRECTOR'S SIGNATURE Nalley's	ADDRESS t. Tainier, 240 REC'D BY RE	GISTRAR 246. REGISTRAR'S SIGNATURE
	Huneral Home Inc.	Maryland Markan &	1000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY the MARYLAND papers. Pages hin 72 hours after CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) E. LENCTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nours 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within 72 10 MON 5702 within MO mpletely carbon NAME OF Middle DATE Month Last 4. **OECEASEO** OF DEATH event, (Type or print) e 6 05e executed and co OATE OF BIRTA 6. COLOR OR RACE 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIEO NEVER MARRIEO last birthday) Months any Days -03 ma whi WIDOWED DIVORCEO [10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INOUSTRY 5 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please please I, and in curtificate be or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address death (Yes, no, or unknwn) [(If yes give war or dates of service) has been signed by the s as the burial-transit p prior to burial, cremati 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last has TIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTIN use for use f Health certificate 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) VESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached is should be filed with the State Dept. of CERI MEDICAL 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 20e. PLACE_OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING be retained by at work 19 at work p.m. 21. I certify that (!) (this heapital) attended the deceased from 19 and that death occurred at/9 saw the deceased alive on: M, from the causes and on the date stated above. 22a. SICNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS Page 4 may O HOSPITAL PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF 23c. LOCATION (City, town or county) Feb Lincoln Cemetery 19, 1966 Ft Colmar Manor, Md. 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Day

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YES

ON A FARM? NO X

Year

19 66

Hours

ONSET AND OF ATH

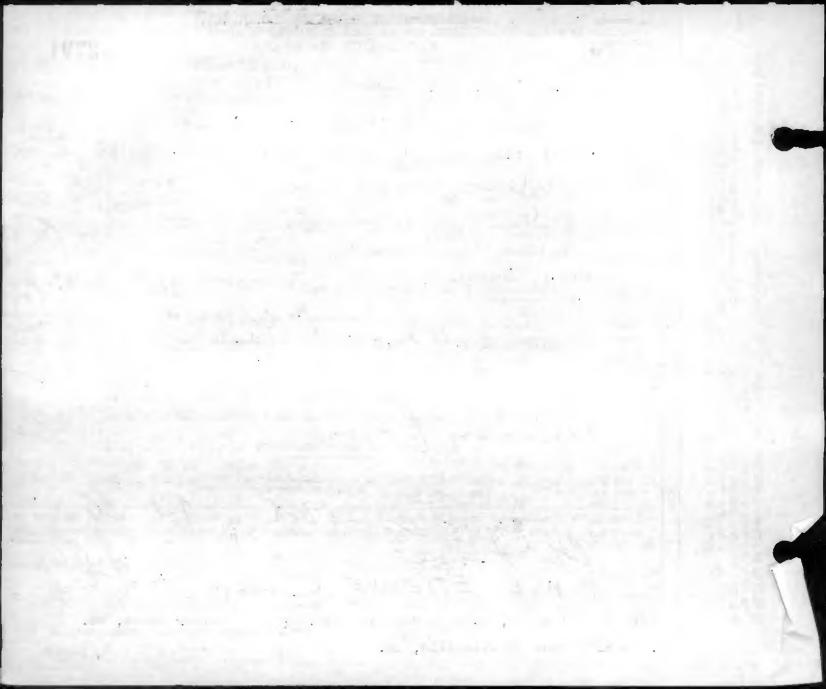
WAS AUTOPSY

PERFORMED?

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(State)

(State)



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B B B B 3/1	ALC: NO.	47 4 75	Ph # 3%	A SHARE A SELECTION	AND RESIDENCE.	
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	TOTAL MINISTER PROPERTY.	
DIVISION OF STATISTICAL RESEARCH AND	RECORDS, BOI W. PRESTON	STREET, BALTIMORE 1, MARYLAND

02821		-	CERTIFICA	HE OF DEATH				027	92
. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where decea	sad lived, If	institution: Resider	nca before	dmission
a. COUNTY Pri	nce George	S	MARYLAND	a. STATE Mary	land	b. COUN	Trince	Geor	ges
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
write RURAL and give nearest town) Clieverly		Silver Hill				16-1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS				B. IS RESIDENCE			
Prince Georges Hospital		3315 Naylor Road				YES _	NO X		
3. NAME OF First Middla (Type or print) ERNEST T		Last	4. DATE OF	Month Day		Yes	if .		
		T	ZIEGLER DEATH Fe		Febru	ruary 20 19		66	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. 4	GE (In years	IF UNDER 1 YEAR		24 HRS.
Male	White	WIDOWED		May 14, 189	4 "	71 yrs.	Months Days	Hours	Min.
On USUAL OCCUPATI	ON (Give kind of work	10b. Kii	NO OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Coun	ty & Stele, or fore	eign country)	12. CITIZEN	OF WHAT	COUNTRY
Retired Insurance		Baltimore, Maryland U.S.				Α.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
William Ziegler			Helena Sac	Helena Sacks					
15. WAS DECEASED EVE		CES? 16. 5	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(Yes, no, or unkown) (If	yesgive war or dates of s	ervice)		irginia R. Zi	ogler 3	315 No	ylor Roa	d	
The CRITER OF N	PRTH Estas and and	1	ne for (a), (b), and (c).)		-0			TERVALBE	TWEEN
	WAS CAUSED BY				7	-) 0	NSET AND	DEATH
	MMEDIATE CAUSE (a)	-a	exto Co	rever	IAN	onel	rose	11	orel
1 420	DUE TO				, , , ,	5.000			-
Conditions, if any		1	1-5-1-6)			6	n	nel
gave rise to immedia	ala cause	-1	1	-	-				
(a), stating the un	derlying DUE TO								
causa lest.) (c)		TRIBUTENO TO DEL THE OUT	LOS DEL AREA CO THE REPLIED	IN DISCASS CO	NOTION OF	(FALINI DARK NATIO	10 14/46	ALITORS
PART II. OTHER	SIGNIFICANT CONDI	IIONS CON	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART ((a)	PERFO	DRMED?
5								YES	NO C
PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in	Part I or Part II of	item 1B.)			
20c. TIME OF INJUI	RY Month, Day, Ye			LACE OF INJURY (Home, farm		town}	(County)		(State)
20c. TIME OF INJUI	19	While at work	1401 ** 11110	actory, street, office bldg., etc.	0				
21. I certify th	nat (I) (this hospi	tal) attend	led the deceased from	n 7-24	1962 10.	1-1	O, 19.66	that (I)	(we) la
saw the decease	ed alive on 2	116	19.05., and th	at death occured at	SM, from t	he causes	and on the c	date state	d abov
226. SIGNATURE	0 1	1/1					-		b. DATE
1/10	15:11	1	0-24		MED.	STAFF PHYS.	2	-70	SIGN
22c. PHYSICIAN'S	10 40 14	gove	XOV.	22d. ADDRESS			-		0-6
NAME (Type)									
2 PUBLAL CREATARIA	ON 122h DATE THE	SEO!	23c. NAME OF CEMETER	Y OR CREMATORY	23d, LOCATI	ON ICity to	wn or county)	- 15	Stata)
REMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Cedar Hill		Suitl			land	
Burial	2-23-66)							-
4 FUNERAL DIRECTOR					D BY REGISTRA	R 25b. RE	GISTRAR'S SIGN	ATURE	
lilhelm Fune	eral Home	4308	Suitland Rd S	uitland LE	23 199	th KC	liantes (undar	

